

Mr & Mrs D Sessford

# Manor House

## Inspection report

Manor House Residential Home  
London Road  
Morden  
Surrey  
SM4 5QT

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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

Manor House is a care home for older people, some live with dementia. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home is registered to accommodate up to 23 people. There were 20 people living at the home when we visited.

We inspected Manor House on 3 and 14 December 2015, we found two breaches of regulations relating to the management of risks to people's health and safety and support and supervision for staff.

We then undertook a focused inspection on 17 May 2016 in relation to the breaches of regulation we identified at our previous inspection of December 2015. We found that the service had followed their action plan and had met our requirements. At this inspection on 4 April 2018 the service continued to meet standards and we have therefore rated the service as Good overall.

The service had a registered manager who had worked at the service for several years. 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.

At this inspection we found that people's medicines were administered in a safe way. Records for the management of medicines were maintained and these were correctly completed. Medicines were stored in a locked trolley but the trolley was not secured to ensure it was not easily moved. We spoke to provider about this and they agreed to take immediate action to improve this.

People were protected from avoidable harm. Management plans provided guidance to staff to help them mitigate risks to people. The provider maintained health and safety systems, and carried out regular checks to ensure the environment continued to be safe. The service was clean. Staff were trained in infection control and knew how implement the procedures to reduce risks of infection and contamination. Staff reported incidents and concerns as they should. Records of incidents and accidents were maintained, and the registered manager reviewed them. Actions were put in place to reduce the likelihood of incidents repeating again.

Staff were trained on safeguarding adults from abuse. They understood signs of abuse and how to report it in order to protect people. There were sufficient staff available and well deployed to meet people's needs. Recruitment checks were conducted before new staff were employed. Staff received training, support and supervision to carry out their duties effectively.

People's needs were assessed and individualised care plans in place that sets out how people's needs and

requirements would be met. People and their relatives told us they were involved in planning and reviewing their care. Care plans were kept updated.

People's nutritional needs and dietary requirements were met. Staff supported people to eat and drink enough. People had access to healthcare services they needed to maintain good health. The provider had arrangements and systems in place to enable people receive consistent care when they moved between services and departments.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff obtained consent from people before they delivered care and support to them. The service complied with the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Relatives and healthcare professionals were involved in making decisions for people in their best interests where this was appropriate.

People told us that staff were kind and compassionate to them. Staff treated people with respect and dignity. Staff encouraged people's independence and choices. Staff were trained in end-of-life care. People's end-of-life wishes were noted in their care plans. People were engaged and occupied in activities they enjoyed. The service respected and supported people's protected characteristics such as their disabilities, culture and religion.

The service obtained the views of people and their relatives and used them to drive improvement. People told us they were listened to, and their views acted upon. People and relatives knew how to raise their concerns. The provider regularly checked and monitored the quality of service provided to people. The provider worked jointly with other organisations and services to deliver effective care to people.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe. People received their medicines in line with their prescriptions. Medicines were stored in a locked trolley but the trolley was not secured to ensure it was not easily moved.

Staff were trained to safeguard people from abuse. They understood the various forms of abuse that could occur, the signs to look for and how to report any concerns.

Risks to people were assessed and management plans devised to reduce identified risks.

Staff deployed to work at the service underwent checks to ensure they were suitable to work with people. There were sufficient numbers of staff available to meet people's needs.

The environment was safe and well maintained. Health and safety checks took place. Incidents were managed well. Staff followed infection control practices.

Good ●

### Is the service effective?

The service was effective. Staff were trained, supported and supervised to deliver care to people effectively. People's needs were assessed thoroughly.

People consented to their care, and where required, relatives and professionals were involved in the decisions. People's rights were protected in line with the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff and the manager understood their responsibilities under MCA and DoLS.

People's nutritional and hydration needs were met. People told us they enjoyed the food provided at the service.

The service ensured people received well coordinated care and support. People had access to a range of healthcare services to maintain their well-being and health.

Good ●

### Is the service caring?

Good ●

The service was caring. People told us staff were kind and considerate. People were treated with respect and dignity.

Staff knew people well and understood their needs. People were involved in planning their care.

Staff encouraged people to be independent as they possibly could.

### **Is the service responsive?**

**Good** ●

The service was responsive. People received care and support that was planned and delivered in a way that met their individual needs.

People participated in activities they enjoyed. People were supported to maintain relationships which mattered to them. Staff supported people to maintain their culture and religion.

Staff were trained to provide end of life care to people. People's end of life wishes were noted in their care plans.

People knew how to complain if they were unhappy about the service.

### **Is the service well-led?**

**Good** ●

The registered manager understood their responsibilities in line with their CQC registration. Staff told us they had the leadership support they needed.

The service worked with the local authority and other organisations to improve the service. Various audits took place to assess the quality of the service. Records were up to date and were stored in accordance with the Data Protection Act.

# Manor House

## Detailed findings

### Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 site visit took place on 4 April 2018 and was unannounced. The inspection was carried out by an inspector and an expert by experience (ExE). An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we spoke with four people, two relatives, the registered manager, the provider, deputy manager, three care workers, two night care workers, the chef and a visiting community nurse. We looked at six people's care records, and 20 people's medicines administration records (MAR). We also reviewed five staff records and other records in connection with the management of the service including complaints records, health and safety information, and quality assurance systems. We carried out general observation of how staff provided care to people.

## Is the service safe?

### Our findings

People told us they felt safe in the home and with staff. One person commented, "I always feel safe, I would let them know if I didn't." Another person commented, "I feel safe living here. I don't worry about anything like that." Staff had been trained in safeguarding adults from abuse. They understood the different types of abuse, signs to recognise them and how to report any concerns they had to their manager or person in charge in line with their procedure. Staff told us they trusted their manager would deal with any concerns they raised appropriately to protect people. Staff however knew and felt empowered to escalate safeguarding concerns further to external organisations if necessary to protect people. The deputy manager and registered manager were aware of their responsibilities to act on safeguarding concerns when they arose including alerting the local authority safeguarding team and notifying the Care Quality Commission (CQC).

People received their medicines safely in line with the prescriber's instructions. Only trained and competent staff members administered medicines to people. Staff followed safe medicine handling procedures. They checked the medicines administration records (MARs), labels on medicines, dose, name of the person and time to confirm they were giving the medicines correctly and to the right person. The staff completed the (MARs) after they had administered medicines. We looked at MARs for people for three weeks prior to our visit we saw these were correctly completed. Records showed that regular medicine audits took place to identify errors. We also saw unused medicines were returned to the pharmacy for safe disposal.

Medicines were stored in a locked in a trolley which was left in the dining room but the trolley was not secured or chained to reduce the risk of it being moved easily. We spoke to the registered manager and provider and they agreed to take immediate action to prevent this risk.

Medicines which required storage in a temperature controlled environment were kept in the fridge. The fridge temperature was monitored and records of these were maintained.

People were protected from risks to their mental and physical health, moving and handling, pressure ulcers, malnutrition, choking, falls, moving and handling and mobility. Management plans were developed to provide guidance to staff on how to reduce risks identified. One person at risk of choking had pureed food and thickened fluids as recommended by the speech and language therapist (SALT) to reduce that risk. We confirmed during our lunchtime observation that staff complied with the plan. We also reviewed management plans for people at risk of developing pressure ulcers. The plan included body maps to document any wounds or redness to people's skin staff noticed. Pressure relieving mattresses and cushions were made available for people to use to manage their pressure area care. People were assisted to change their positions regularly in order to manage their skin integrity. Where required, the service involved tissue viability nurses to manage risks to people in this area.

The health and safety of the environment was well maintained. Fire risk assessments were carried out annually and we saw that recommendations made were acted on. For example, one door was replaced following the risk assessment conducted in March 2018. Weekly fire alarm test took place to ensure they were in good working condition. Fire drills also took place regularly so staff and people practiced the

provider's evacuation procedures. Fire extinguishers, smoke detectors and other fire management equipment were serviced and maintained annually to make sure they were functionally properly. The service also checked the safety the gas, portable appliances, electrical, and water systems. We saw certificate of maintenance and servicing from external contractors that confirmed that these were safe.

People were supported by staff who were suitable to work with people who used the service. Recruitment records showed at least two references and criminal record checks, identification and right to work in the UK were obtained for staff before they were allowed to start working at the service.

People told us they received the help they needed from staff. One person said, "They [Staff] come quickly when I press my button but I don't usually use it. It is nice to have it, reassuring that someone is there. I know they will come." Another person commented, "I never hear the bells going for long. Staff respond quickly. There are staff around day and night." A relative told us, "They don't seem too short-staffed when I come and even if they are they look after everyone very well." We observed that people's call bells were answered promptly.

There were enough staff to support people safely. One staff member said, "We are enough on each shift. In the mornings we have a lot to do but it gets lighter as the day progresses so it's ok." Staff spent time with people and provided them with support they needed. People who required one-to-one support received the support they required from staff. Rotas showed that shifts were covered day and night and there was a senior staff member on duty leading the shift. The registered manager explained that they planned the staffing levels looking at dependency and occupancy level. Staff picked up extra shifts to cover staff shortage. Staff we spoke with confirmed they were happy with this arrangement.

Staff knew reported incidents and accidents and these were reviewed by the registered manager and actions taken where necessary. For example, we saw people's risk assessments were updated and management plans put in place following falls.

The service followed robust infection control procedures and practices. Staff were trained and aware of risk of contamination. We saw staff use personal protective equipment as required. They also disposed clinical waste appropriately. We saw domestic staff cleaning the home and it was free from odour.



## Is the service effective?

### Our findings

People's care needs were assessed before they moved into the service to establish if their needs could be met, then on an on-going basis to ensure they people's needs continued to be met. Assessment covered people's physical, mental health conditions, personal care, social needs, nutritional needs, behaviours, mobility, and skin integrity. The service used scoring tools such as the Malnutrition Universal Screening Tool (MUST) to assess people nutritional needs. They also used the Waterlow assessment tool to check people's skin integrity level. Based on the scores and the needs identified, care plans were developed on how those needs would be met.

People and their relatives told us staff were skilled and efficient in the way they carried out their jobs. One person commented, "They [Staff] are confident when they are looking after me." Another person mentioned, "They [Staff] are very organised and efficient." And a relative told us, "I have no doubt that staff are very well-trained."

Records showed that new staff had completed an induction when they first started working at the service. The induction covered developing skills required for the job, understanding people's needs and the expectations of the job. Induction completed was in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the standard for new social care workers. Staff confirmed their induction helped them improved their knowledge and skills for the job.

Training records showed that care staff had completed training in moving and handling, safeguarding, health and safety, dementia care, dignity and privacy, the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff also completed other training specific to the needs of people they supported such as diabetes management, catheter care, end-of-life, falls prevention, pressure ulcer care and dementia care.

Staff told us they felt supported in their roles. One staff member told us, "I get regular supervisions. I had one recently. I feel supported and respected." Another staff member said, "I have regular supervision and appraisals. I was promoted recently and I'm very happy about it. I feel respected and recognised." Notes of supervision meetings covered topics such as the well-being of people, team work, health and safety and training needs. The deputy manager received support and supervision from the registered manager and said they felt supported. Staff also received annual appraisals where feedback was given on their performance and their developmental opportunities discussed.

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

The registered manager and staff understood their responsibilities under the MCA/DoLS. People's capacity to make specific decisions was assessed, if there were doubts about it. This was done in conjunction with people's relatives and professionals. Best interests meetings were held for people to make specific decisions. DoLS applications were made to the relevant supervisory body where it was deemed necessary to maintain the person's safety. The service maintained records of DoLS authorisations and reviewed the conditions attached to these regularly to ensure people's rights were protected.

Staff obtained consent from people before providing care and support. People and their relatives confirmed that staff sought their opinions before any decision was made. One person told us, "They [Staff] always ask what I want and my decisions are respected here by them all." A relative said, "They discuss everything with us first and check what we think."

People were appropriately supported to meet their nutritional and hydration needs. People told us they liked the food provided to them. One person said, "The food is very nice, lots to choose and always something to nibble on. They make you something else for you like a baked potato, omelette, and sandwiches if you don't fancy what was offered. There is always fruit around too." A relative said, "The food always looks and smells nice and they [people] never complain about it." People's care plans indicated their nutritional and dietary requirements and the support arrangements that were required during meal times were met. We observed staff giving people choices of what to eat and drink during lunchtime. People who required assistance to eat received the support they required. Staff offered people snacks and drinks at regular intervals throughout the day. People's comment included, "I get a drink from the jug in my room and it always has cold water. I can always get a drink and reach it.", "I can have a drink when I like. If I am in the lounge I never run out. They give you choices and in my room I have a jug of water and squash right where I can reach it."

People had access to healthcare services when they needed them. One person said, "If you need a doctor or want to you see the nurse first, the staff will arrange it. I saw the optician here and got new glasses." Another person told us, "The doctor comes round regularly, sometimes daily. Staff help you to arrange to see people like the dentist, opticians and I sometimes see the chiropodist for my feet." Records showed that people received input from a number of healthcare professionals when required. A visiting community nurse we spoke with on the day told us staff made referrals to them where required. They also confirmed staff followed recommendations made. For example, monitoring people's blood glucose levels, maintaining records and contacting the district nurses if there were concerns.

The service had implemented the 'Red Bag' scheme. The Red Bag scheme was designed to ensure people received a well organised and coordinated service when they moved between services. Each person had a red bag which contained important information them such as care plans, person's physical health, medication list, GP and next of kin details. It also contained basic personal items people needed every day such as hearing aids, glasses, and dentures.

The environment had adequate adaptations and was suitable for people. People had communal areas for them to relax and spend time with their visitors. There were suitable toilets and bathrooms with equipment such as grab rails for people to use. People's rooms were personalised to their individual requirements.

## Is the service caring?

### Our findings

People told us staff were kind and caring. One person told us, "Staff are really nice and they have time for me." Another person said, "Staff are very nice, whilst I haven't been feeling great they have really kept an eye on me. They treat us very well too here." A relative commented, "They [Staff] are really caring and kind. They are very friendly." Another relative said, "They [Staff] are very kind and the care is lovely here."

Staff had built a relationship with people that enabled care to be provided in a trusting way. One person said, "They [Staff] know what I like and dislike, they know what I will put up with and they know how to handle me and my moods because they chat with me and spend time with me." Another person commented, "I have a carer who comes to me mainly, they are very good and know me well. They always have a chat with me." A third person mentioned, "I feel I can talk to anyone, they listen to me and make me feel important." We observed positive interactions between staff and people. Staff knew people well and were friendly towards them. They addressed people by their preferred names and knew how to engage with them to make them relax and comfortable. We saw staff spend one-to-one time with people to chat with them, reassure them and check how they were doing. The atmosphere was pleasant. Staff and people exchanged jokes and laughter freely.

Care records included people's backgrounds, preferences, choices, and routines; and staff knew about these. People and their relatives told us they were involved in their care planning. One person said, "I have a care plan and we chat about it quite often. I get a choice which is nice." Another person mentioned, "I discuss with them all I need and they write it down." A relative commented, "I get invited to reviews and we talk about the level of care required." Another relative said, "I know all about [loved one's] care. It's written in their care plan and I'm regularly asked what I think and if I would like to add anything." We saw staff delivering care to people as they wished and respected their choices and preferences. For example, people spent their time where they choose and did the things they wanted.

Staff communicated with people in a way they understood. We observed a staff member adjusted their tone and pitch of voice when speaking to different people so staff could be understood. . Staff assisted people to wear their hearing aids to help them improve their hearing and communication.

People's privacy and dignity was respected. One person said, "Staff knock on my door and callout. They tell me who it is and ask if they can come in. If I'm in the bathroom and they wait outside because I don't need them to help me. I think I get privacy and I feel I have dignity still. I can lock my door if I want to." Another person commented, "I get the privacy I need. If I am in the toilet they will wait outside and knock to see if I need any help." A third person told us, "They [Staff] do treat me with dignity. I feel well looked after and they do a lot for me but it is not too invasive. I can lock my door but I choose not to." Staff spoke to people in a dignified manner, using appropriate tone and language. Staff we spoke with understood what it meant to promote people's dignity and privacy. They were confident while providing examples of how they promoted this in their day to day work.

People told us and our observations confirmed that people were encouraged to be independent as they possibly could. One person said, "Staff help me do things I cannot do and ask me to do things I can for myself. I know this is to help me stay independent." Another person told us, "Staff ask me what I need help with and they encourage me to do some things myself. I like the independence they give me here."

## Is the service responsive?

### Our findings

People's care and support was planned and delivered in a way that met their individual needs. Care plans were created based on people's identified needs and set out how these needs would be met. Care plans were detailed and covered various areas such as physical, mental, nutritional, and personal care needs. One person's care record detail they needed support to manage their diabetes. Staff monitored their blood glucose level regularly and provided them the right diet required to manage and control their diabetes. Another person was supported to improve their nutrition as they had lost significant weight in a short period of time. Staff had involved a dietitian and monitored the person's weight weekly. They followed a special meal plan which included fortified foods and drinks with the right level of nutrients and calories. Staff also kept records of the person's food and fluid intake to ensure this was monitored. Records showed that the person's weight had gradually increased. People received the support they needed to maintain their personal care and physical hygiene.

Staff told us, and our observations and review of daily logs confirmed, they understood people's care plans and complied with them. Care plans were reviewed regularly to reflect people's current needs. Staff told us changes in care plans were communicated through handover meetings.

People told us they were kept engaged and occupied with various activities they enjoyed. One person said, "I like to sing which we often do here. I particularly like it when entertainers visit. We go out sometimes to local places like cafes and parks." Another person told us, "I try to join in most things. I like the artwork and even though I am old they work my brain and I learn new things all the time. I like the singing and entertainment here and they celebrate birthdays very well. I felt very special on mine." One relative commented, "There is usually something going on and no one is forced do anything they don't fancy." The activity plan included both individual and group activities; indoors and outdoors. Special events such as Valentine's Day, St Patrick's Day, and Easter were celebrated. We saw some people enjoy playing card games and puzzles. Some others watched TV programmes and chatted about it with staff and other people. Those who preferred to spend their quiet time in their rooms did as they chose. Staff told us that people who were unable to join in group activities due to their circumstances received one-to-one activities such as reading, hand massages and singing in their rooms.

The service encouraged people to maintain relationships which mattered to them. People's relatives could visit the home as they wished. One relative told us, "The service really care about families and make us feel very welcomed and part of it." Another relative told us, "We are very well respected here as a family. I think families are very important to them." We saw a relative visit during our inspection. They spent time with their loved one in a private room. The registered manager told us the service was open to visitors throughout the day. They also said they allowed people to use the phone if they wanted to receive phone calls from their relatives.

People's religion, culture, disability, relationship, gender and sexuality were noted in their care plans. Staff respected people's uniqueness and individuality. One person told us, "I am definitely respected and I like being here with people like me who feel the same about respect. My decisions and beliefs are respected

here by them all." A relative said, "I like it here because they continue to support [loved one] to maintain their beliefs and celebrate that with them. Staff take loved one to church when they want to go." The service had links with various religious centres where they supported people who wished to attend worship. Religious services were also heard in the home for people who were interested.

People received the end of life care they wished. There were Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) documents in place. The GP involved people using the service and their relatives where appropriate in the decision making. The reasons for the decisions made were also recorded. We saw that the palliative care team and GPs were involved in the care of people at this stage of their lives. Staff were trained in end of life care and knew how to care for people at this stage of their life.

People using the service and their relatives told us they knew how to make a complaint. One person said, "If I need to complain I will tell the manager. When I have complained before the registered manager sorted it out immediately and I had an answer straight away that day." Another relative told us, "I feel I could complain to any of them and they [staff] would write it down and send it to the right person like the manager. They are very good at sorting out requests. I have not had any major complaints really." A relative commented, "The service addresses things quickly and the manager gets things done. She seems proactive." "The service had a complaints procedure which set out what to expect if a complaint is made and external authorities they could escalate their concerns to. Complaints records showed that the service had followed their procedure in addressing a recent complaint. The matter was resolved satisfactorily.

## Is the service well-led?

### Our findings

People and their relatives told us the home was well managed and run. The management team was visible and people felt they could speak to them about anything and they were listened to. One person said, "I know who the manager is she is very nice and definitely in charge." Another person told us, "I do know the manager she is always around and very friendly. She knows my name." A third person commented, "The care is excellent and they always have time for you here, I am always happy and have independence still. I cannot fault it, it is lovely." A relative mentioned, "The management and owner is always around the home mucking in and always has time for a chat and I make sure I tell her what I think. She always listens." A second relative stated, "I do know her she is very good. She has an open door policy and you can chat with her any time even on the phone. She will always call you back and quickly too. The deputy is also strong and experienced in her job."

Staff told us they felt supported; and had the leadership and guidance they needed. One staff member commented, "The managers are flexible, listen and understanding of personal issues. They are approachable and hands on." The staff member added, "We are doing our very best as a team. Teamwork and management are brilliant and we [staff] get the direction we need." Another staff member said, "I am happy with the support we get from the management and provider. They give staff support and guidance." A third member of staff told us, "The deputy and registered manager are all very supportive. The provider makes sure we are all happy too. They show interest in your well-being and give you support to do the job well." Regular staff meetings took place where issues about people, team work and service development were discussed. Learning and best practice were also shared with staff at these meetings.

People told us they were involved in running the service and their views were sought through meetings and surveys. One person told us, "Staff tell us what is going on in the home. They remind you in the morning of things happening that day. You never feel left out." Another person commented, "They [Staff] remind me of activities and events. We have little tea and cake meetings and they use these meetings to ask us what we would like. We can make requests like menu changes and outings and they let us know what they will do about it." A third person said, "We have meetings and they ask us what we would like to do. They bring in new activities that we request and sometimes relatives make suggestions too." A relative stated, "The management keep us well-informed about what is going on in the home. They call you on the phone or face-to-face to seek for your opinion. I attend residents meetings too and we discuss ideas like activities. I like to meet other relatives to and have a chat and a cup of tea." Minutes of meetings with people and their relatives showed discussion about various aspects of the service. People and their relatives gave feedback and made contributions on how to improve the service. For example, activities had been adapted in line with what people wanted.

The service was regularly assessed and audited so gaps in the management and in care delivery could be improved. Checks conducted included care records, medicine management, health and safety, environment, staff files and infection control. Actions were taken to improve aspects of the service were pitfalls were identified. The provider had changed a fire door following a health and safety inspection.

Records were stored securely in line with data protection and confidentiality principles.

The registered manager and deputy manager also regularly carried out observation to check how staff delivered care to people to ensure it met their needs and maintained their dignity. The deputy manager told us they gave feedback to staff during one-to-one supervision. These observations were also used to identify training needs.

The service had links with the local community and people were supported to access community resources such as a local café, day centres, and local churches. The local school visited the home to engage and perform activities for people. The service worked in collaboration with the local authority to improve the service.

The registered manager demonstrated she understood her role and responsibilities in running and managing a care home effectively. She also knew her responsibility to notify CQC of incidents categorised as reportable in line with the requirements of their CQC registration.