Anson Care Services Limited

The Old Manor House

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The Old Manor House is a care home which offers care and support for up to 14 predominantly older people. At the time of the inspection there were 13 people living at the service. Some of these people were living with dementia. The service occupies a house over three levels with three lower ground floor rooms. A passenger lift and stair lift provided access for people throughout the building.

This unannounced comprehensive inspection took place on 18 June 2018. The provider for this service has recently become a limited company. This means the service has recently re-registered with CQC under a new legal entity. This was the first inspection of the service since being re-registered.

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

We spent time in the communal areas of the service. Staff were kind and respectful in their approach. They knew people well and had an understanding of their needs and preferences. People were treated with kindness, compassion and respect. The service was comfortable and appeared clean with no odours. People's bedrooms were personalised to reflect their individual tastes.

People told us, "Yes, they'll do anything for you here," "They are all very nice here," "Absolutely yes, they are all very good," "Absolutely fantastic staff, would recommend this home, wonderful with no exception" and "Staff do everything possible and more than one could expect."

Relatives told us, "I have always been very happy with the care provided, they [staff] are good to her. Recently they have moved her downstairs so that they can keep a closer eye on her, I have no concerns" and "I visit regularly and [Person's name] is always clean and well cared for. The staff are very kind."

The premises were well maintained. The service is registered for dementia care. There were people living at the service who were living with dementia and were independently mobile. However, there was no pictorial signage at the service to support some people, who may require additional support with recognising their surroundings.

The premises were regularly checked and maintained by the provider. Equipment and services used at The Old Manor House were regularly checked by competent people to ensure they were safe to use.

Care plans were held on an electronic system. They were well organised and contained accurate and up to date information. Care planning was reviewed regularly and people's changing needs were recorded. Daily notes were completed by staff. Risks in relation to people's daily lives were identified, assessed and planned to minimise the risk of harm whilst helping people to be as independent as possible.

The service had identified the minimum numbers of staff required to meet people's needs and these were being met. The service had no staff vacancies at the time of this inspection.

There were systems in place for the management and administration of medicines. It was clear that people had received their medicine as prescribed. Regular medicines audits were being carried out on specific areas of medicines administration and these were effectively identifying if any error occurred such as gaps in medicine administration records (MAR). The system for monitoring people who self administered their own medicines was effective.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy.

People had access to activities. An activity co-ordinator was not in post as staff and visiting entertainers provided a planned programme of activities. People were supported to go out by staff, to attend appointments, or visit local attractions.

Technology was used to help improve the delivery of effective care. One person had been provided with a wrist worn call bell to ensure they could call for assistance when needed and the risk of them tripping over the cable of the wired call bell had been reduced.

Staff were supported by a system of induction training, supervision and appraisals. Staff meetings were held regularly.

People were supported by staff who knew how to recognise abuse and how to respond to concerns. The service held appropriate policies to support staff with current guidance. Mandatory training was provided to all staff with regular updates provided. The manager had a record which provided them with an overview of staff training needs.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards (DoLS) were understood and applied correctly. However, there was no record of the best interest process having been followed prior to an application for a DoLS authorisation being made. We have made a recommendation about this in the Effective section of this report.

The manager was supported by the management team and the provider. The staff team were motivated and happy working at the service. The staff felt valued and morale was good. Staff told us, "I am happy here, it is a nice place to work" and "We all get along well and help each other."

There were effective quality assurance systems in place to monitor the standards of the care provided. Audits were carried out regularly by both the registered manager and members of the senior management team.

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 told us they felt safe living at the service. Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service.

Care plans recorded risks that had been identified in relation to people's care and these were appropriately managed.

People received their medicines as prescribed.

Is the service effective?

Good

The service was effective. Staff were well trained and supported with regular supervision and appraisals.

People had access to a varied and nutritious diet.

The management had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. However, the best interest process was not recorded prior to an application for a DoLS authorisation being made.

Is the service caring?

Good

The service was caring. People who used the service and visiting healthcare professionals were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with dignity and respect.

Staff respected people's wishes and provided care and support in line with those wishes.

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs. Care plans contained up to date and relevant information for staff.

People were able to make choices and have control over the care and support they received.

People knew how to make a complaint and were confident if they raised any concerns these would be listened to.

People had access to activities which were provided by the staff.

Is the service well-led?

Good

The service was well-led. There were clear lines of responsibility and accountability at the service. Staff morale was good and staff felt well supported.

There were systems in place to assess, monitor and improve the quality of the service provided

People were asked for their views on the service.

The Old Manor House

Detailed findings

Background to this inspection

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

The inspection took place on 18 June 2018. The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has experience of using, or of caring for a person who has used, this type of service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included past reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with seven people living at the service. Not everyone we met who was living at The Old Manor House was able to give us their verbal views of the care and support they received due to their health needs. We looked around the premises and observed care practices. We spoke with three staff, the registered manager and the operations manager. We spoke with two external healthcare professionals and two relatives.

We used the Short Observational Framework Inspection (SOFI) over the lunch time period. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at care documentation for four people living at the service, medicines records for 13 people, four staff files, training records and other records relating to the management of the service.

Good

Is the service safe?

Our findings

The service held a recently reviewed safeguarding adults policy. Staff were aware of the safeguarding policies and procedures. Safeguarding was discussed at staff meetings. Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. Staff had received recent training updates on Safeguarding Adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns in the County.

There was a "Say no to abuse" leaflet displayed in the service containing the phone number for the safeguarding unit at Cornwall Council. This provided information to people, their visitors and staff on how to report any concerns they may have.

The service had a whistleblowing policy so if staff had concerns they could report these and be confident of their concerns being listened to. Where concerns had been expressed about the service, if complaints had been made, or if there had been safeguarding investigations the manager robustly investigated these issues. This meant people were safeguarded from the risk of abuse.

The service held a policy on equality and diversity. Staff were provided with training on equality and diversity. This helped ensure that staff were aware of how to protect people from any type of discrimination. Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices. For example, if people were poorly sighted staff would read things out to them or support them to recognise where they were in the service.

Risk assessments were in place for each person for a range of circumstances including moving and handling, nutritional needs and the risk of falls. Where a risk had been clearly identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example, what equipment was required and how many staff were needed to support a person safely.

Some people were at risk of becoming distressed or confused which could lead to behaviour which might challenge staff and cause anxiety to other residents. Care plans contained information for staff on how to avoid this occurring and what to do when incidents occurred. For example, one care plan gave clear guidance for staff about when to withdraw when the person became anxious and return a few minutes later to see if the person would accept support.

Equipment used in the service such as moving and handling aids, wheelchairs, passenger lifts etc., were regularly checked and serviced. Necessary service checks were carried out by appropriately skilled external contractors to ensure they were always safe to use.

The service held an appropriate medicines management policy. There were medicine administration records (MAR) for each person. Staff completed these records at each dose given. From these records it

could be seen that people received their medicines as prescribed. We saw staff had transcribed medicines for people, on to the MAR following advice from medical staff. These handwritten entries were signed and had been witnessed by a second member of staff. This meant that the risk of potential errors was reduced and helped ensure people always received their medicines safely. Some people had been prescribed creams and these had been dated upon opening. This meant staff were aware of the expiration of the item when the cream would no longer be safe to use. The service was holding medicines that required stricter controls. The records held tallied with the stock held at the service. Records of people's medicines travelled with them when they went to hospital.

The Old Manor House were storing medicines that required cold storage. There was not a medicine refrigerator at the service. The kitchen fridge was used to store items in a separate box. There were records that showed the refrigerator temperatures were monitored regularly to ensure the safe storage of these medicines could be assured.

The service had ordering, storage and disposal arrangements for medicines. Regular internal audits helped ensure the medicines management was safe and effective.

Some people required medicines to be given as necessary or occasionally. There were clear records to show when such medicine was provided.

People were given the opportunity to self administer their own medicines if they wished. People had signed to agree to taking on this responsibility. Staff monitored their medicines in their rooms to ensure people took their medicines appropriately. People's own medicines were held in lockable storage in their rooms. Regular assessments were undertaken to ensure the person was safe to administer their own medicines.

Staff training records showed all staff who supported people with medicines had received appropriate training. Staff were aware of the need to report any incidents, errors or concerns and felt that their concerns would be listened to and action would be taken.

The manager understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these as necessary.

Accidents and incidents that took place in the service were recorded by staff in people's records. Such events were audited by the manager. This meant that any patterns or trends would be recognised, addressed and the risk of re-occurrence was reduced. Actions were taken to help reduce risks in the future. For example, one person was referred to a consultant to review their medicines. A change in their medicines had improved their mobility.

Care records were stored securely on an electronic system which was password protected. This was accessible to staff and visiting professionals when required. They were accurate, complete, legible and contained details of people's current needs and wishes.

The staff shared information with other agencies when necessary. For example, when a person was admitted to hospital a copy of their care plan and medicine records was sent with them.

We looked around the building and found the environment was clean and there were no unpleasant odours. The service had arrangements in place to ensure the service was kept clean. The service had an infection control policy and the registered manager monitored infection control audits. Staff received suitable training about infection control. Staff understood the need to wear protective clothing (PPE) such as aprons

and gloves, where this was necessary. We saw staff were able to access aprons, hand gel and gloves and these were used appropriately throughout the inspection visits.

Relevant staff had completed food hygiene training. Suitable procedures were in place to ensure food preparation and storage met national guidance. The food standards agency awarded the service a five star rating.

Each person had information held at the service which identified the action to be taken in the event of an emergency evacuation of the premises. Firefighting equipment had been regularly serviced. Fire safety drills had been regularly completed by staff who were familiar with the emergency procedure at the service.

Recruitment systems were robust and new employees underwent the relevant pre-employment checks before starting work. This included Disclosure and Barring System (DBS) checks and the provision of suitable references. The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This helped to protect people from being cared for by unsuitable staff.

The registered manager reviewed people's needs regularly. This helped ensure there were sufficient staff planned to be on duty to meet people's needs. The staff team had an appropriate mix of skills and experience to meet people's needs. During the inspection we saw people's needs were met quickly.

We saw from the staff rota there were two care staff in the morning and two in the afternoon supported by the manager on each shift. There was one member staff who worked from 6pm and at night. There was also a member of staff an on call should the night carer need support. Staff told us they felt they were a good team and worked well together, morale was good and staff felt the manager was very supportive. We asked people if they felt there were enough staff. People told us, "The first time I've ever used it (the call bell) was last night and they came to me quickly, yes" and "Whenever I need to press it, they always come very, very quickly." The manager was open and transparent and always available for staff, people, relatives, and healthcare professionals to approach them at any time.

Good

Is the service effective?

Our findings

People's needs and choices were assessed prior to the service commencing. People were able to visit or stay for a short period before moving in to the service. This helped ensure people's needs and expectations could be met by the service. People were asked how they would like their care to be provided. This information was the basis for their care plan which was created during the first few days of them living at the service.

The service had a good working relationship with the local GP practices and district nursing teams. District nurses were visiting the service daily to see people with nursing needs. Other healthcare professionals visited to see people when required. We saw people had seen their optician and podiatrist as necessary.

People were encouraged to be involved in their own healthcare management. Some people managed their own medicines. Some people came in to the service for a short stay and they were encouraged to continue to manage their own medicines as they did at home.

The use of technology to support the effective delivery of care and support and promote independence, was limited. However, the service had provided a wrist worn call bell for a person who had been at risk of tripping over their call bell lead. This helped ensure they could call for assistance at any time.

The service was regularly maintained, with a fair standard of décor and carpeting. Some people living at The Old Manor House were living with dementia and were independently mobile around the building. There was no pictorial signage which clearly identified specific rooms such as toilets and shower rooms. Bedroom doors had just a number on them. One care plan stated the person, 'May need assistance to find their way around.' This meant people required additional support to recognise their surroundings which was not evident.

Training records showed staff were provided with mandatory training for their roles. The registered manager reviewed staff training requirements to ensure updates were provided in a timely manner. Some staff had received training on specific areas of knowledge such as epilepsy, diabetes and challenging behaviour.

Newly employed staff were required to complete an induction before starting work. This included training identified as necessary for the service and familiarisation with the organisation's policies and procedures. The induction was in line with the Care Certificate which is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. It is recommended that this is completed in the first 12 weeks of employment. However, one member of staff had taken nearly a year to complete their Care Certificate. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. Staff told us they had been provided with sufficient support before they began working alone.

Staff received support from the management team in the form of supervision and annual appraisals. They told us they felt well supported by the manager and were able to ask for additional support if they needed it.

Staff meetings were held to provide staff with an opportunity to share information and voice any ideas or concerns regarding the running of the service.

Staff demonstrated a good knowledge of people's needs and told us how they cared for each individual to ensure they received effective care and support.

People told us they did not feel they had been subject to any discrimination, for example on the grounds of their gender, race, sexuality or age. The service had an equality and diversity policy in place.

People told us , "Yes, I am happy with my room, I have my own photographs and bits and pieces in there," "I'm on the top floor and it's always kept nice and clean. I have my own TV too," "I'm happy with it yes, I have the birds around here outside my window and I brought quite a few of my belongings," and "They [management] have just put in new blinds, I have curtains before and because I have cataracts, when the sun shines I can't see well, so had to put the curtains and put lights on in the daytime, now I have the blinds, I can tilt them and still have some light come in. It's ok in the morning and evening when it's not too bright, I can leave them open and see the sea. They've done lots for me in my room, like put a sturdy table up here for my computer and a clothes rail in the recess and a bookcase for my books."

People were supported to eat a healthy and varied diet. Staff regularly monitored people's food and drink intake to ensure people received sufficient each day. Staff monitored people's weight regularly to ensure they had sufficient food. Staff regularly consulted with people on what type of food they preferred and ensured that food was available to meet peoples' diverse needs. A recent survey had led to changes being made in the food options provided.

We spoke with the cook who was knowledgeable about people's individual needs and likes and dislikes. Where possible they tried to cater for individuals' specific preferences. Some people had been assessed as needing pureed food due to their healthcare needs. This was provided as separate foods and colours on the plate in moulds to help the meal look appealing and people were able to see what they were eating.

People told us, "The food is very good; I could have something else if I didn't like the meal they offered, but I've never not liked anything. There are always plenty of drinks and if you wanted one you would only have to ask" and "They will have alternatives usually, if you don't like anything; they'll say that you can have a salad or a sandwich. We have tea at about 5pm and then at 7pm we are given a drink and a piece of cake".

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. The service held an appropriate MCA policy and staff had been provided with training in this legislation.

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 service had applied for one person to have a restricted care plan authorised. The application had not yet been assessed. However, there was no record of the best interest process having been carried out by the registered manager, prior to the application being made. This meant it was not clear if this decision was in the person's best interests and was the least restrictive option available to keep the

person safe.

We recommend the service take advice and guidance from the Mental Capacity Act 2005 Code of Practice, in the implementation of this legislation at the service.

People were asked to consent, where they were able, to their care and to have photographs of them displayed in their records. Where people were unable to consent themselves due to their healthcare needs, appropriate people were asked to sign on their behalf. The care plans showed which people living at The Old Manor House had appointed lasting powers of attorney to act on their behalf when they did not have the capacity to do this for themselves.

People were supported to have maximum choice and control of their lives. People chose when they got up and went to bed, what and then they ate and how they spent their time. People were able to go out in the local area as they chose. Some people required support to do this and this was provided by staff.

Good

Is the service caring?

Our findings

People were positive about the attitudes of the staff and management towards them. People were treated with kindness, respect and compassion. People told us, "Yes, they'll do anything for you here," "They are all very nice here" and "Absolutely yes, they are all very good."

Relatives told us, "I have always been very happy with the care provided, they [staff] are good to her. Recently they have moved her downstairs so that they can keep a closer eye on her, I have no concerns" and "I visit regularly and [Person's name] is always clean and well cared for. The staff are very kind."

Staff had time to sit and chat with people. We saw many positive interactions between staff and people living at The Old Manor House. Healthcare professionals told us staff and management were kind and caring. One person became anxious, in the corridor, and asked staff to help them. This was done quickly with no fuss and lots of patience.

People said they were involved in their care and decisions about their treatment. They told us staff always asked them before providing any care and support if they were happy for them to go ahead. People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. Where possible staff involved people in their own care plans and reviews. However due to some people's capacity involvement was often limited, and consultation could only occur with people's representatives such as their relatives. People told us, "I can do most things myself, but if I do need help, they'll help me," "They are all very nice and they do all that I need them to do. I have baths or showers whenever I like and I'm able to everything for myself," "They'll do anything for you here; I do all my own personal care and can have as many baths and showers as I want. They do have to help me to get my shoes on and off each day" and "I have baths whenever I want one; I'm still getting used to the girls bathing me, but they are very respectful and they keep everything pleasant. It's only the baths that I need help with, I do everything else myself."

People's dignity and privacy was respected. For example, people's preferences were recorded should they wish only to be cared for by specific gender of carer and this was respected. Staff provided people with privacy during personal care and support ensuring doors and curtains were closed. Staff were seen providing care in an un-rushed way, providing explanations to people before providing them with support and ensuring they were calm throughout.

We spent time in the communal areas of the service. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. Staff were kind, respectful and spoke with people considerately. We saw relationships between people were relaxed and friendly.

When people came to live at the service, the manager and staff asked people and their families about their past life and experiences. This way staff could have information about people's lives before they lived at the service. This is important as it helps care staff gain an understanding of what has made the person who they are today. Information in care plans about people's past lives was variable. However, staff were able to tell

us about people's backgrounds and past lives.

Bedrooms were decorated and furnished to reflect people's personal tastes. People were encouraged to have things they felt were particularly important to them and reminiscent of their past around them in their rooms.

People and their families were involved in decisions about the running of the service as well as their care. Staff knew some visitors well and involved them in conversations and plans for events in the near future at the service. People told us, "There are no restrictions with visiting they just have to sign in the book when they get here and they can see me wherever I or they want."

The service had not held residents meetings. However, there were regular informal opportunities for people and their families to raise any ideas or concerns they may have.

Good

Is the service responsive?

Our findings

People were positive about living at The Old Manor House and the staff and management. Recent feedback from a survey received positive comments such as, "All friendly and kind," "Absolutely fantastic staff, would recommend this home, wonderful with no exception" and "Staff do everything possible and more than one could expect."

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. The registered manager was knowledgeable about people's needs. Each person had a care plan that was tailored to meet their individual needs. Care plans contained information on a range of aspects of people's support needs including mobility, communication, nutrition and hydration and health. The care plans were regularly reviewed.

Daily notes were consistently completed and enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. This meant people's changing needs were met but this was not always recorded in the care plans.

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. Air filled pressure relieving mattresses were provided. The mattresses which were in use at the time of this inspection, were set correctly for the person using them.

People received care and support that was responsive to their needs because staff had a good knowledge of the people who lived at the service. Staff were able to tell us detailed information about people's current needs.

There was a staff handover meeting at each shift change this was built into the staff rota to ensure there was sufficient time to exchange any information. Handover information was recorded. This helped ensure there was a consistent approach between different staff and this meant that people's needs were met in an agreed way each time.

People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. Visitors were always made welcome and were able to visit at any time. Staff were seen greeting visitors throughout the inspection and chatting knowledgeably to them about their family member.

People and families were provided with information on how to raise any concerns they may have. Details of the complaints procedure were contained in the complaints policy. People told us they had not had any reason to complain. There were no complaints being investigated at the time of this inspection.

People had access to some activities both within the service and outside. An activities co-ordinator was not employed as care staff organised a planned programme of events including singing, exercises and visits from entertainers. People told us, "We don't do very much physically, we do some games like bingo, I enjoy what they do," "We have bingo once a week and a lady comes here and we have a bit of a sing song, she comes every week or fortnight, she's a beautiful singer and she brings her piano with her. We did have a trip out once to see the Christmas lights and had a pasty afterwards. We have newspapers delivered and have a choice" and "A man visits sometimes and we have balls to bounce through hoops; and a singer visits. There are no trips out unfortunately; at Christmas we did go over to another home, it's the same people who own this one." One person told us staff took them out for a drive and had fish and chips. "We go along the coast and the countryside and then back again for the evening. The trips will be starting up again soon, as we only have them in the summer and then we sometimes have them twice a week. I like to sit out in the front garden with the BBQ out there, but it's difficult for the girls to get me out there in my wheelchair"

Some people chose not to take part in organised activities and therefore could be at risk of becoming isolated. During the inspection we saw some people either chose to remain in their rooms or were confined to bed because of their health needs. We saw staff checked on people and responded promptly to any call bells. Some people enjoyed one to one activities provided by staff in their bedrooms. Activities were clearly recorded in the care plans.

Since August 2016 all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. Care plans documented the communication needs of people in a way that met the criteria of the standard. There was information on whether people required reading glasses and any support they might need to understand information. Some people had limited communication skills and there was guidance for staff on how to support people.

Some people were unable to easily access written information due to their healthcare needs. Staff supported people to receive information and make choices where possible. Menu choices were requested from people each day for meals. Staff were seen sitting with people going through the menu to help people to make a choice.

People were supported at the end of their lives to have a comfortable, dignified and pain free death. The service had arranged for medicines to be held at the service to be used if necessary to keep people comfortable. Where appropriate people had an end of life care plan which outlined their preferences and choices for their end of life care. The service consulted with the person and, where appropriate, their representatives about the development and review of this care plan.

The manager said there were good links with GP's and the district nursing service to ensure people received suitable medical care during this period of their lives.

Good

Is the service well-led?

Our findings

Relatives and staff told us the registered manager was approachable and friendly. Comments included, "I don't know her by name, but I would know her if she walked in; she's a very nice person and comes in here to see us," "She [the registered manager] often pops in to see me and brings and post up ,she's very good in that way" and " the manager's office is just opposite my bedroom door. I see her two or three times a day, sometimes more often. She's very approachable and the other residents are often coming along to see her at her office.

The registered manager spent time within the service so was aware of day to day issues. The manager believed it was important to make themselves available so staff could talk with them, and to be accessible to them. People told us, "Oh yes, I am, very happy," "Yes very much so" and "Absolutely very, very happy. This is the tapering down of my life and I need to be as happy as I can be, this home here, is alright and I am very, very happy here."

Staff met regularly with the registered manager, both informally and formally to discuss any problems and issues. There were handovers between shifts so information about people's care could be shared, and consistency of care practice could be maintained.

There was clear vision and strategy to deliver high quality care and support. There were clear lines of accountability and responsibility both within the service and at provider level. There was a clear management structure. The manager was supported by a senior carer and a team of motivated staff.

Staff told us they felt well supported through supervision and regular staff meetings. Staff commented, "I am happy here, it is a nice place to work" and "We all get along well and help each other."

There were systems in place to support all staff. Staff meetings took place regularly. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service was notifying CQC of any incidents as required, for example expected and unexpected deaths. The previous rating issued by CQC was displayed.

The provider had a quality assurance policy. People, their relatives had recently been given a survey to ask for their views on the service provided at The Old Manor House. Responses were positive. People told us they would be happy to recommend the home to others saying, "Yes, I would recommend it, yes I would" and "Oh yes I would, but I'm not going to give up my room for them! I'm lucky to get this home and this room (due to sea view)."

There was a system of audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Audits regularly completed included monitoring care plans were to a good

standard and regularly reviewed; monitoring accidents and incidents; auditing the medicines system and checking property standards were to a good standard.

There was a maintenance person with the responsibility for the maintenance and auditing of the premises. The environment was clean and well maintained. The maintenance person carried out regular repairs and work to the premises as required.