

Care Futures

# The Manor House - Frenchay

## Inspection report

Beckspool Road  
Frenchay  
Bristol  
BS16 1NT

Tel: 01179566424

Date of inspection visit:  
07 June 2016  
08 June 2016

Date of publication:  
16 August 2016

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The Manor House - Frenchay is registered to provide accommodation and personal care for up to 32 people. However shared rooms were no longer in use so the registered manager told us now a maximum of 23 people would be accommodated. People who live at the home have a learning disability and, or a physical disability. There were 17 people accommodated at the time of the inspection. There were six short stay beds which were regularly used by 13 people who lived in the community and required respite care for short periods of time. The home was split into three different areas Chestnuts, Beechwood and Arandell. Chestnuts and Beechwood supported people with physical disabilities and Arandell was supporting people who were mobile and more independent.

This was an unannounced inspection, which meant the staff and provider did not know we would be visiting. This inspection took place on the 7 and 8 June 2016.

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 2008 and associated Regulations about how the service is run.

People had a care plan that clearly described how they wanted to be supported. These were tailored to the person. Care was effective and responsive to people's changing needs. People had access to healthcare professionals when they became unwell or required specialist equipment. People received their medicines safely. People were supported with maintaining contact with family and friends in many different ways. This was seen as important by all the staff and the registered manager. Families were made to feel welcome and invited to social functions held in the home throughout the year. The staff were extremely caring which promoted a friendly and welcoming atmosphere. From talking with staff, the registered manager and relatives it was evident the staff went the extra mile to ensure people led the life they wanted to lead. A member of staff had been put forward for the local Care Awards to acknowledge their commitment to supporting people. There were no barriers for people in respect of the activities they took part in.

People were protected from the risk of abuse because there were clear procedures in place to recognise and respond to abuse and staff had been trained in how to follow these procedures. Systems were in place to ensure people were safe. These included risk management, checks on the environment and safe recruitment processes. Staff knew what to do to keep people safe.

People's rights were upheld and they were involved in decisions about their care and support. Where decisions were more complex these had been discussed with relatives and other health care professionals to ensure it was in the person's best interest. Staff were knowledgeable about legislation to protect people in relation to making decisions and safeguards in respect of deprivation of liberty safeguards. Appropriate applications had been made in respect of these safeguards ensuring people were protected.

Sufficient staff supported the people living at the service. Staffing was planned flexibly to meet people's needs. Staffing was kept under review when people stayed for short breaks. Staff had received appropriate training to enable them to respond to people's needs effectively. Staff were supported in their role and received regular supervisions. Supervisions are where a member of staff meets with a senior manager to discuss their role, performance and training needs. There was clear communication that enabled the staff to be responsive to people's ongoing and changing needs.

Systems were in place to ensure that any complaints were responded to. People's views were sought through an annual survey, care reviews and resident meetings.

The registered manager and the provider completed regular checks on the systems that were in operation in the home to ensure they were effective. Where there were any shortfalls an action plan had been developed to improve the service. Some areas of the home were in need of redecoration and a plan was in place to address this.

People were provided with a safe, effective, caring and responsive service that was well led. The organisation's values and philosophy were clearly explained to staff.

## 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 safe from harm because staff reported any concerns and were aware of their responsibilities to keep people safe.

There were sufficient staff to keep people safe. This was planned flexibly to meet people's needs. Safe systems were in place to ensure only suitable staff were employed.

People were kept safe as risks had been identified and were well managed.

Medicines were well managed with people receiving their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who were knowledgeable about their care needs. Staff were trained and supported in their roles.

People were involved in making decisions. Other health and social care professionals were involved in supporting people to ensure their needs were met. People's dietary needs were being met.

People's freedom and rights were respected by staff who acted within the requirements of the law.

Some areas of the home were in need of redecoration and a plan was in place to address this.

### Is the service caring?

Outstanding ☆

This service is extremely caring towards the people they supported.

There was excellent communication with people and their families. The staff promoted independence and involved people in decisions on the running of the service.

Warm and caring relationships were effectively promoted.

Staff were knowledgeable about the people they supported, which included their personal preferences, and their likes and dislikes. They responded to people in a caring way and people were actively listened to and their views were acted upon.

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

**Good** ●

The service was responsive.

People's care was based around their individual needs and aspirations. Staff had really taken the time to get to know people and their families. People were supported to take part in regular activities both in the home and the community.

People were supported to make choices and had control of their lives. Staff were knowledgeable about people's care needs. Care plans clearly described how people should be supported. People were involved in developing and reviewing their plans. Staff actively listened to people and they were involved in all aspects of the running of the home.

There were systems for people or their relatives to raise concerns.

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

**Good** ●

The service was well-led.

Staff were clear on their roles and aims and objectives of the service and supporting people in a personalised way. Staff described a cohesive team lead by a registered manager who worked alongside them. Staff told us they felt supported both by the management of the service and the team. Feedback from professionals and relatives showed the service was consistently well led.

The quality of the service was regularly reviewed by the manager, staff and the provider. Action plans had been developed to enhance and improve the service.

Feedback from a variety of sources including people who used the service, relatives, staff and healthcare professionals was all very positive in relation to the management of the service.

# The Manor House - Frenchay

## **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 was an unannounced inspection which was completed on 7 and 8 June 2016. The inspection was completed by one inspector. The previous inspection was completed in January 2014 and there were no breaches of regulation at that time.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make.

We reviewed the information included in the PIR along with information we held about the home. This included notifications, which is information about important events which the service is required to send us by law.

We contacted four health and social care professionals to obtain their views on the service and how it was being managed. This included professionals from the local community learning disability team. Two professionals responded to our request for information and their comments have been included in the main body of the report.

During the inspection we looked at three people's care records and those relating to the running of the home. This included staffing rotas, policies and procedures, quality checks that had been completed, supervision and training information for staff. We spoke with six members of staff and the registered manager of the service. We spent time observing and speaking with everyone living at the Manor House. We

spoke with three relatives during the visit to ask them about their experience of the care and support people received. After the inspection we received three emails from relatives telling us about their experience of the care.

# Is the service safe?

## Our findings

People told us they felt safe living at The Manor House. Relatives also confirmed they felt their relative was safe whilst in the care of the staff at The Manor House. One person told us, they had recently moved back to the Manor House and they felt safer as there was always a member of staff they could talk too if they were worried. They told us this was important to them. People told us they liked the staff that supported them and they were able to go out when they wanted. For those people who were unable to communicate verbally, people were relaxed and responded positively when approached by staff. This demonstrated people felt secure in their surroundings.

Medicines policies and procedures were followed and medicines were managed safely. Staff had been trained in the safe handling, administration and disposal of medicines. All staff who gave medicines to people had their competency assessed by the registered manager. Some people took their medicines with food to aid digestion and reduce the risks of choking. The registered manager and the team leader were seeking advice from the pharmacist and GP to ensure this was appropriate. Staff confirmed that some people had their medicines with food but they always explained to them that the food contained their medicines.

The medicine system was organised and robust. Medicines that had not been blistered into the dosage system and remained in the original packaging, were always signed for by two members of staff to confirm they had been administered. This was to ensure no medications had been missed. The registered manager told us this had assisted in reducing any errors. Surplus stock was returned at the end of the month. For example medicine for constipation was sent to the home in a box of 30 but the person only required 28 so two were returned each month. We recommended that this was reviewed taking into consideration cost and wastage.

Each person had a file containing their medicine administration records, an up to date photograph, preferences on how they liked to take their medicines and information in respect of medicines they were prescribed. This included the reason the medicine was prescribed and any known side effects and allergies. Information was available to staff on 'as and when' medicines such as pain relief or remedies for a specific medical condition such as epilepsy. This included what staff should monitor in respect of when and how these medicines were to be given. Guidance had been sought from the person's GP and other health care professionals.

People were kept safe by staff who understood what abuse meant and what to look out for. Staff confirmed they were trained and knew the signs to look out for in respect of an allegation of abuse. Safeguarding procedures were available for staff to follow with contact information for the local authority safeguarding team. The registered manager had reported appropriately any information of concern to the local authority and steps had been taken to reduce any further risks.

People received a safe service because risks to their health and safety were being well managed. Care records included risk assessments about keeping people safe. These covered all aspects of daily living. Risk

assessments included the action staff must take to keep people safe. These had been kept under review and other professionals such as occupational therapists and physiotherapists had been involved in advising on safe practices and equipment required. Staff described to us, how they ensured people's safety in all aspects of their care both in the home and the local community.

Moving and handling equipment was checked regularly by the staff to ensure it was safe and fit for purpose. This was in addition to an external contractor that serviced the equipment. Staff had received moving and handling training. Staff confirmed there were sufficient hoists available in the home. People where required had their own sling which had been assessed specifically for them. Care plans included photographs of the person's sling with an explanation on how it was to be used and how many staff were required to assist the person safely.

The registered manager told us they were a moving and handling trainer and assessor along with another member of staff. They told us staff were checked annually to ensure staff were assisting people safely and in accordance with the person's plan of care.

Sufficient staff were supporting people. This was confirmed in discussion with staff and by looking at the rotas. Staff told us any shortfalls in staffing were covered by the team and agency staff. Staff told us there were usually seven staff working throughout the day and evening, with two waking and one sleep in staff covering nights. There was 17 permanent people living at The Manor House. There were six short stay beds and staffing levels were reviewed in respect of the people that were staying. For example one person required one to one staffing whilst staying at the Manor House. It was evident from talking with staff, the registered manager and the person's relative this was always put in place.

The registered manager was able to describe the process that staff underwent to ensure a thorough and robust recruitment process was undertaken. They told us staff would not commence employment until all their checks had been completed, such as obtaining two references and a Disclosure and Barring System (DBS) check. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. Staff files contained relevant information showing how the registered manager had come to the decision to employ the member of staff.

The registered manager told us they were actively recruiting to 2.5 vacant posts. They were planning to attend a local leisure centre as part of a recruitment initiative. They were planning to drive up interest by meeting potential employees informally during a disabled swimming session. The registered manager provided us evidence after the inspection that this was successful and they had now recruited to the vacant posts. They were planning to continue this method of recruitment including visiting local shopping centres.

Staff completed a six month probationary period where the registered manager checked if they were performing to a suitable standard. This continual process enabled the registered manager to come to a conclusion on whether the member of staff was suitable to work with people living at The Manor House. The provider had a disciplinary procedure and other policies relating to staff employment.

## Is the service effective?

### Our findings

People told us they were happy with the care and support they received from the staff. They said the staff listened to what they had to say and spent time with them. One person told us, "I am very happy living here and I want to spend the next ten years here". Relatives told us they were extremely satisfied with the care and support that was given to their relative. They told us the staff kept them informed of the general well-being of their relative and any health care appointments or hospital admissions. They also confirmed they were involved in any health care appointments and any important decisions.

People had access to health and social care professionals. Records confirmed people had access to a GP, dentist, chiropodist and an optician and attended appointments when required. People had a health action plan which described the support they needed to stay healthy. Where people's needs had changed referrals had been made to other health care professionals. This included the community learning disability team which is made up of nurses, physiotherapists, dieticians, occupational therapist and consultant psychiatrists. A healthcare professional told us the staff were making timely and appropriate referrals and their advice and recommendations were implemented. They told us the staff were knowledgeable about the people they were supporting.

Some of the people living in the service had been screened for dementia and staff showed a good understanding of how they were monitoring the changing needs of people in relation to ageing. This included their physical and mental health. Where people had a medical condition healthcare specialists were involved. Clear plans of care were in place for those people who had epilepsy and these were kept under review with a specialist nurse.

Care records included information about any special arrangements for meal times and dietary needs. Other professionals had been involved in supporting people including speech and language therapists, dieticians and the GP. Their advice had been included in the individual's care plan.

People's weight was monitored on a monthly basis or weekly where concerns had been raised in relation to weight loss or gain. Advice had been sought from the GP and a dietician. In addition food and fluid charts were used to further monitor the person.

The meals were prepared in a central kitchen by a team of catering staff. The kitchen prepared meals for two other services that were situated on the same site as The Manor House. People were offered a choice of two meals at lunch and tea time. Staff told us people were asked what they would like the day before. Picture cards were used for people who were unable to communicate verbally. In addition people were shown what was on offer on the day enabling them to make an informed choice. On each of the three units there was a small kitchenette enabling staff and people to make snacks and drinks. We observed people being offered choices in respect of food and drink. One person did not like what was on offer and staff supported them with two other alternatives until the person was happy. Staff said there were always alternatives that could be offered and the kitchenettes were always well stocked with food items.

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 is 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 told us they had submitted applications in respect of DoLS for 15 of the 17 people. In addition where people stayed in the home for short breaks applications had been made where they were staying for more than seven days. Each person had been assessed to determine whether an application should be made. The registered manager had notified us about the outcome of the authorisations. Information about these safeguards were clearly described in the person's care plan on the reasons for the authorisation. The registered manager had a system to monitor and keep under review each authorisation ensuring where an authorisation needed to be renewed this was completed in a timely manner. Applications had been submitted in a timely manner however, there were some delays which were out of the services control. This was because they were waiting for the placing authorities to allocate an assessor. A relative confirmed they were aware there was an authorisation in place and they had been involved in discussions about this.

Staff said they supported people to make decisions, for example about what to wear and how they wanted to spend their time and saw this as being very much part of their role. Staff were aware of those decisions that people could not make for themselves. An example of this was decisions about healthcare when people were not able to understand the relevant information. Meetings were held so that decisions could be made which were in people's best interests involving other health and social care professionals and relatives where relevant. Records were maintained of these discussions, who was involved and the outcome. Staff told us that where people lacked the mental capacity to make a decision about finances then any expenditure over £50 would be discussed with their relatives and the provider. This was to ensure it was in the person's best interest.

A relative told us they were concerned that the staff were unable to assist the district nurse when taking bloods. They understood staff were unable to use any methods of restraint and so they often assisted in this area. The registered manager in response agreed they would organise a best interest meeting to discuss and plan a way forward. This would include speaking with the GP to discuss whether this was in the person's best interest or whether there were any other alternatives to assist in monitoring the wellbeing of the person.

Staff had received training in the MCA 2005 and DoLS and there was a MCA and DOLS assessment and referral policy. They were able to describe how the legislation impacted on their role. Staff clearly understood the need to seek consent from people before any care and support was delivered. A member of staff clearly described how a person with complex physical disabilities would indicate if they were not happy with the care by their facial expressions and turning their head away. It was evident from talking with the member of staff the person's wishes would be respected. They told us this was fundamental in providing care that was tailored to the person.

Staff told us the least restrictive approach was used to avoid behaviours escalating. They said the priority was to make the environment safe for people, rather than imposing restrictions on people or their movements. Staff spent time talking and listening to people. People's care records included plans which provided guidance for staff about how to respond to changes in people's behaviour. This helped to ensure staff supported people in a safe and consistent way. Staff had received training on managing conflict and how to de-escalate behaviours.

Staff received training so they knew how to support people in a safe and effective way. Staff felt they were provided with appropriate training and were competent in the tasks they carried out. They told us their training needs were discussed during their individual supervision meetings with their line manager. A member of staff praised the provider and the registered manager on the commitment to ensuring staff had the appropriate skills and training. They told us about a recent management course they had attended which was pertinent to their role of being a senior carer. They told us they were now more aware of how their own conduct could impact on people and the staff team. They felt the training had improved relationships within the home and improved their organisation skills in managing staff. This training had been organised for all staff working for the organisation in a management role, including senior care staff, the team manager and the registered manager.

Staff confirmed they received regular supervision with their line manager. Supervision meetings were where an individual employee met with their manager to review their performance and any concerns they may have about their work. Staff meetings were held monthly for each of the three units. These provided the opportunity for staff to discuss a range of issues and to keep up to date with information about the people who used the service.

Each of the three units Chestnut, Beech Wood and Arandell had access to a lounge, kitchenette and dining area. There were separate staff teams working in each area which was overseen by a team leader. This enabled the staff to get to know the people in each area. All bedrooms were single occupancy.

The facilities in the home were situated over four floors. There was a passenger lift to the first floor. The fourth floor was a self-contained flat which was reached by stairs and provided accommodation for four people with a small kitchenette and lounge area. The registered manager told us that this area was only suitable for people who were mobile and who were safe using the stairs.

There was a large cellar which was being refurbished at the time of the inspection to provide additional facilities for day care and social activities. We were told there would be a space for arts and crafts and a relaxation room. People also had access to the Bingham day care facility in the evenings and at weekends where there was a large and well equipped sensory and relaxation room. This was situated in grounds of The Manor House. Staff told us many of the people living in the Chestnut and Beech Wood made use of this area.

There was a refurbishment plan in place which included redecoration. Some of the skirting boards were chipped and areas of the home needed repainting due to staining from a recent leak. We were told this had been planned for earlier in the year but the maintenance team had been short staffed. This was now planned for July and August 2016. One of the toilet areas in Arandell needed refurbishment because it was a school-type communal toilet which potentially compromised people's privacy. The registered manager told us the provider was looking into making changes to this area as they recognised that this was not appropriate. The registered manager told us the boiler was being replaced over the summer as part of the improvement plan. This was because the water in the attic area was not always hot enough. It was evident from talking with the registered manager and the staff there was a commitment from the provider to ensure

continual maintenance and redecorations was taking place.

The home was registered to provide accommodation and personal care to 32 people with a learning disability. The registered manager told us this had been reviewed and bedrooms were now all single occupancy and so the home could now accommodate 23 people. We have advised the provider to vary their conditions of registration to reduce the numbers of people to 23.

## Is the service caring?

### Our findings

Relatives spoke very highly about the care and support the staff showed to people. One relative stated, "We are delighted with the love and care she receives at The Manor House". Another relative told us, "All of the team are clearly very caring and supportive towards (person's name) which is wonderful for him, but critically very reassuring for his family, the communication from The Manor House is top class". They said this was particularly important as they were not local. Everyone we spoke with including relatives and people living at The Manor House classed it as their home. Relatives told us they were always made to feel welcome.

The relationships between people and the staff was caring, friendly and informal. People looked comfortable in the presence of staff and chose to be in their company. Staff sought to understand what was wanted and how they could help when people approached them. Each person had an identified key worker, a named member of staff. They were responsible for ensuring information in the person's care plan was current and up to date and they spent time with them on a one to one basis. A relative confirmed they were aware of the key worker role and that the member of staff kept in contact with them regularly.

Key workers were involved with actions like choosing personalised gifts for special occasions and organising birthday meals. For example one person told us they were planning a trip to London which would take in a show and a spa day for their birthday. Another person told us they had celebrated their birthday the day before with family and chocolate cake. Staff told us all staff took an active role and often housekeeping staff would spend time chatting with people about what they had been doing. A member of staff said everyone just works together. This also encouraged positive relationships ensuring that people felt respected and valued.

Staff were knowledgeable about the people they were supporting. This included knowing what the person liked, disliked, their personal histories and interests. They described people as individuals and spoke positively about their personalities and how they supported them. One person was particularly interested in cars and was seen talking with staff about what vehicle they would like to take out. The home had access to four vehicles. The staff sat with the person and checked with them what time they wanted to go out and what vehicle they preferred. This was recorded in the diary. We saw later this person was supported in going out in the vehicle of their choice.

People were supported in a dignified and respectful manner. People were asked how they wanted to be supported, where they would like to sit and what activities they would like to participate in. The staff members were patient and waited for the person to respond either verbally or by interpreting a person's body language. People were supported to have quiet time in the privacy of their bedrooms if they wanted to. Staff were observed knocking on doors and waiting for permission before entering. This showed the staff promoted people's privacy and treated them with dignity and respect.

Each person had a life history book. This had been part of the service's business plan. People had been supported on how they wanted this recorded. For example some people had chosen a specific book whilst

others had recorded this on their electronic devices. We viewed two of these, the content was excellent and it was evident the person, their families and staff had been involved. People were very proud of their books. This was especially important for someone who was unable to communicate or where a person was living with dementia. Staff told us it was a very good way in getting to know the person, their interests and their immediate and wider family. From reading the life histories of the two people there was a real sense of who the person was, their interests and what was important to them. This was commendable and provided a real picture of the person.

People's bedrooms were decorated and personalised to a high standard. For example, the handyman had been creative in painting murals on some of the bedroom walls such as racing cars, musical instruments and flowers depending on the interest of the person occupying the bedroom. One person had designed their own bedroom walls with art and drawings. This enabled the person to be creative. Staff told us it was important for people to have a choice over their colour scheme as it was their bedroom and home. Relatives had evidently been involved with family pictures being displayed in many of the bedrooms.

People were being supported to take control over their lives and offered opportunities to increase their independence in all aspects of their lives. Care plans clearly described what the person could do for themselves and where they needed support.

People told us regular meetings were organised to enable them to be kept informed of any changes in the running of the home including any staff changes. A meeting was taking place on the day of the inspection. People told us this was an opportunity for them to discuss activities, menu planning and whether they had any concerns or suggestions for improvement. To enable everyone to participate in the meeting flash cards were used to enable people who communicated non-verbally to take an active role. Staff sat with people and used the cards to assist people in making choices such as activities or menu choices. This included asking them if they were happy or sad about what was being discussed and the care they were receiving.

Staff sought to understand what was wanted and how they could help people. Staff were observed using a number of different methods to assist people to communicate. This included showing people different objects and using Makaton to aid effective communication. Makaton is a sign language used by people with learning disability. People had communication passports to enable staff to understand what they were saying in relation to their non-verbal communication. This ensured there was a consistent approach and enabled staff to build positive relationships with people.

A relative told us they felt their daughter was very well looked after. Staff always ensured their daughter was dressed appropriately. Another visitor told us their relative was always dressed nicely, with her hair styled and nails regularly painted. They also said the staff had gone out of their way to take their daughter shopping to buy snacks, as well as general items. They commended the home on organising social events which included seeing some 'fantastic' shows and films. Because this person had lost weight the staff had supported the person to purchase a small fridge for their room to store all their snacks and high calorific drinks it was evident this was successful. Another person was being supported to buy their favourite yoghurts on the day of the inspection. It was evident staff knew what people liked and supported them with this whether that was activities or purchasing their favourite snacks.

Care records included information about important relationships in people's lives and what support was required to maintain contact. People told us they could receive visitors to the home and were supported to visit friends and family. One person told us they had joined a local social group which enabled them to keep in contact with friends from their day centre which had closed.

People and staff told us about regular social events that were organised where family and friends were invited. This included coffee mornings, summer fetes and the annual Christmas party. Photographs were displayed throughout the home of these events.

The registered manager told us about how the staff go the extra mile to support people with maintaining family contact. Without this support some people may not be able to keep in contact with family. One member of staff regularly took a person swimming in their own time; others had supported people to go on holidays so they could visit family who may be ageing and unable to drive to Bristol anymore. This included a holiday to France so the person could keep in contact with their family.

Five people had been supported by staff to attend family weddings. The registered manager said this was important so families can continue to enjoy the day knowing the staff were supporting the person. Some families lived overseas or not in the local area and to enable the family to keep in contact and be part of care reviews the service used video calling to keep in contact. This showed the staff went the extra mile in supporting people and they were creative in how this was achieved.

## Is the service responsive?

### Our findings

People told us there was always enough staff available for them to talk with or to support them to go out. Relatives were very complimentary about the service provided, the staff and the communication with them. One relative told us, "She is very happy and settled, the communication between staff, residents and family is faultless". Another relative told us, "I am very happy with (person's name) life at The Manor House. All her physical, social and well-being needs are totally cared for. She is very happy. She adores the staff and the other residents who she classes as family". Another relative said the care has been exemplary. Staff told us they never felt rushed and there was a real commitment to providing care that was person centred.

Everyone living in the home had a personalised activity planner detailing how they liked to spend their time. Some people attended the day centre on site and others attended local authority day centres. Day care staff were employed to support people and others were supported by the staff working at The Manor House. Activities were varied. A couple of people attended regular sessions at the local hydro pool and rebound therapy which is trampolining for people with physical disabilities. Both of these activities were important for people in promoting improved balance and mobility for people with a physical disability. Staff told us activities were organised based on people's interests. Records were maintained of the activities and whether the person had enjoyed these. Where people had declined the planned activity this had been recorded. In some cases alternatives had been offered.

Staff were responding to people's care needs throughout the inspection. This included assisting with personal care, changes to their positions to prevent pressure wounds and supporting people with activities both in the home and the community. Staff were aware of the importance of positional changes and the impact of not doing this to the person. Records were maintained of positional changes. Staff described the physical exercises that one person did daily and how this was important as it aided their posture. They also told us if this person was unhappy, staff were able to show them objects to clarify what they wanted. For example a small cushion would indicate they wanted to go to their bedroom to rest or listen to music or if they turned their head to one side it was evident they did not want to participate in the activity. This showed the staff had really got to know the person enabling them to respond to their needs.

People had been assessed before they started to live in the home. This enabled the staff to plan with the person how they wanted to be supported, enabling them to respond to their care needs. The person, their relatives and health and social care professionals where relevant had been involved in providing information to inform the assessment. People were supported to visit the home prior to making a decision to move in. This included visits for tea and an overnight stay which gave the new person an opportunity to meet with the other people living in the home and for the staff to get to know the person. The registered manager told us they ensured that where people stayed in the home for short breaks they were compatible with others living in the home. This formed part of the assessment process on how they developed relationships with others. A relative told us that when their relative had changed from children's services to adult services the staff at the Manor House worked closely with the family and other health and social care professionals. They told us initially the staff would ring regularly but now they ring only in the event of an emergency. They told us they cannot fault the service and there was a real commitment to providing care

tailored to the person. They said the transition had not been easy, but the staff had stuck with it getting to know their relative.

People's care plans and risk assessments were unique to each individual and demonstrated a positive approach to enabling people to live their lives. Care plans and risk assessments were regularly reviewed. Staff supported people to be as independent as they were able. Specialist equipment such as a kettle had been purchased so this could be used by people who were physically disabled. This enabled them to pour hot liquid safely. Staff confirmed one person regularly used this to make their own drinks. This had been one of the person's goals. This had been seen as a real achievement for the person in giving them some independence and control. Some of the people had electronic devices to aid communication and were seen using these with staff.

Care plans contained specific information which related to the management of long term conditions which affected people's physical health. This included for some people their behaviour which subsequently affected their safety. The plans provided staff with clear guidance to follow when giving support and care, and in some cases identified trigger factors to help staff recognise early signs of deterioration in people's health and well-being. This meant that care was delivered with continuity and where necessary swift intervention from specialist health professionals could be sought to prevent further deterioration. For example one person did not like building works and the use of power tools so staff ensured that they organised activities outside of the home when this was taking place. This was confirmed in discussion with their relative who said often they will drop off at the home and staff would be waiting outside ready to go off for the day. This showed the staff were responding to people's changing needs. Another example was where temperature had an effect on a person's medical condition. Staff explained how they ensured that if it was hot, a fan would be made available or if the person was cold additional clothing was provided. The staff told us they regularly check. They noticed that by ensuring the person was comfortable there had been a reduction in seizures the person had experienced. What staff told us was clearly recorded in the person's care plan in respect of supporting people.

A relative provided positive feedback after the inspection telling us about the quality of their son's life stating the care was 'excellent'. They had seen subtle improvements in their son's speech, mobility and relationships they were forming in recent months. This person had moved to Arandell and was now living with people who were more independent. The relative stated they had been involved in discussions about the planned move and were very happy with these improvements.

Individual daily reports about people's care and support were written by staff. This helped to ensure that staff were kept up to date with people's needs. The reports showed changes in people's well-being and how these had been responded to by staff. This meant there was information available when people's support was being reviewed. In addition the key worker completed a comprehensive monthly summary of the care and support that was delivered, any health care appointments attended, activities undertaken and a progress report on goals the person had set. This enabled the staff to respond to any changing care needs and adapt the plan of care if required for the person.

Staff confirmed any changes to people's care was discussed regularly at team meetings or through the shift handover process to ensure they were responding to people's care and support needs. They told us this ensured a consistent approach as they were kept informed of people's changing needs. Staff told us that when they were working on an individual basis with a person, they were given a walkie talkie to enable them to communicate with the shift lead should they experience any difficulties or require a comfort break. Staff said this was very effective as working on a one to one basis could be quite intense especially at night.

Other reports and guidance had been produced to ensure that events and unforeseen incidents affecting people would be well responded to. For example, we saw 'hospital passports' which contained important details about a person that hospital staff should know when providing treatment. This information helped to ensure that people received the support they needed if they had to leave the home in an emergency. The registered manager told us that no one would go to hospital alone and staff support would support during their stay. They told us this was especially important with people with complex physical needs especially with support around eating and drinking. Where people were known to have frequent admissions into hospital either planned or in an emergency a bag was already packed containing all the essential information and items they would need to ensure their stay was comfortable. This included spare clothes and toiletries. The registered manager told us this to ensure a smooth transition from the home to hospital and reduced delays whilst staff gathered the necessary information and items.

People had opportunities to shop, cook and eat meals of their choice as part of a weekly activity. Two people confirmed they had been shopping and had purchased sausages, potatoes and veg and the staff had helped them make their lunchtime meal. Another person told us they enjoyed this activity and would often make cakes as well with the staff.

Staff supported people to meet their dreams and aspirations. Some people had recently been to a local concert called Love saves the day and another person was planning a trip to London. Other people had been supported to see the X factor. A member of staff told us that there were no barriers to organising activities for people if they showed an interest then this would be pursued.

Staff were observed supporting people continually throughout our inspection. Staff were engaged with people and interactions were inclusive and positive. Staff took the time to understand what people were saying. One person used a very unique way of communicating. Staff clearly understood this person and were engaged in real meaningful conversations and activities. A relative told us initially their relative was not settled when staying in The Manor House. They told us they could not recommend the service enough as the staff continued to support their relative by getting to know them and working with other health and social care professionals. They told us there was a core team of staff that supported their relative and all had built really good relationships. They told us the plan was to slowly introduce other staff to work alongside the more experienced staff. The registered manager confirmed that this was the plan so the person could also get to know new members of staff and vice versa. A member of staff told us, "It is easy to communicate with the person as we spend quality time with them enabling us to respond to their wishes".

People told us they knew how to raise any concerns but had not needed to as they were happy with their care. One person told us, it was very important for them to talk to staff if they were unhappy. Relatives told us they had not needed to raise any complaints about the care their family members received but were confident the staff and the registered manager would respond appropriately. Staff told us they talked to people about how to make a complaint during residents' meetings and care plan reviews. Staff we spoke with knew what action to take to support people if they wanted to make a complaint. This included informing the registered manager or provider, as appropriate, if anyone had raised any concerns or complaints.

The registered manager had systems in place to promote and manage complaints. These included 'easy read' versions of the complaints process. To enable people with complex learning disabilities mood cards had been developed with faces depicting happy, sad or angry and these were used during resident meetings and care reviews to seek their views on the service being provided. There were also systems in place so complaints were reported to the provider so any actions needed would be monitored and lessons would be learnt.

There had been four complaints in the last 12 months. These had been investigated with feedback being given to the complainant. There were no themes to the complaints but it was evident that learning took place. For example a person had been charged for a taxi to a health care appointment by a new member of staff. The person was immediately refunded the money and guidance given to all staff. The registered manager told us any transport for healthcare appointments was included in the fees charged.

## Is the service well-led?

### Our findings

Staff spoke positively about the leadership in the home and how the team supported each other. Staff felt confident to speak with the registered manager, team leader or the provider if they had suggestions for improvement or concerns. Staff were aware of their roles in providing care that was tailored to the person. One member of staff told us, "Although we work as three separate teams, we all get on and help each other out. Everyone is committed to providing good care, I would place my relative here, and I have confidence in every member of staff in providing care to a very good standard". Another member of staff told us, "This is the best experience I have had working at The Manor House, the training, the staff and the manager are all excellent". They told us the registered manager was supportive and committed to providing person centred care. They told us, "She really does care about the people, their families and the staff". The registered manager was supported by a team leader, it was evident they were both passionate and committed to providing person centred care in a homely environment delivered by a skilled workforce.

We found there were positive and respectful relationships between people living in the service, the staff and the management. People were welcomed into the office during our inspection and engaged in general discussions about their day. The staff team were very enthusiastic and dedicated to their work and were all very friendly and helpful throughout the day. Staff confirmed that they received good support from the provider and the registered manager. They told us that their training was varied and prepared them for their roles.

The registered manager told us they worked a variety of shifts and this was important. This was because it enabled them to work alongside all the staff and to continually monitor the quality of the care provided. The registered manager told us they had confidence in the leadership and the care staff when they were not working in the home. Observational checklists had been implemented to ensure staff were working safely, effectively and in line with the ethos of the home. The registered manager told us feedback was given to staff after each observation to improve practice. There was a no blame culture with learning from incidents. The registered manager promoted a transparent culture enabling staff to raise any concerns and used these as learning.

Staff told us they felt valued by the registered manager and provider. One staff member we spoke with told us the provider recognised when staff gave exceptional support to people through an employee of the month award. Each month a member of staff would be awarded for their outstanding contribution. In addition two staff had been nominated for the local regional Care Awards in the last two years, one member of staff for working above and beyond their role in supporting a person on a regular basis by a relative. The other member of staff for their contribution to the sensory garden in 2015. The sensory garden was an outstanding development; it was innovative and created a pleasant, tranquil area for everyone living at The Manor House. People were making use of this area during the inspection.

The registered manager told us they were completing their diploma in leadership. We received feedback from the assessor. They told us they had assessed the registered manager in all areas of the management of the home and found the evidence of the work to be of a high standard. They felt the home was well

managed and the registered manager was always committed to providing an excellent, person centred service to those that live at The Manor House. They said this had been embedded in all aspects of support.

Staff had up to date information about CQC and other aspects of health and social care. There were information boards, resources and best practice information that staff were encouraged to read. Changes in care legislation was discussed during team meetings. Staff demonstrated a good understanding of the inspection process. They were able to answer our questions with confidence.

The service worked in partnership with other organisations to make sure they were following current practice enabling them to make improvements in the service. There were good links with local services such as the local pharmacy, adult social care services and community health services. The registered manager was part of the local authorities Care Provider Forum where good practice was shared and enabled them to keep up to date on what was happening locally and nationally.

Records showed that regular input took place with the aim of improving people's quality of life from a variety of health and social care professionals. Professional feedback was sought after each visit detailing the outcome of the visit. There was a section to record how their visit went. Many of the professionals had commented on how knowledgeable the staff were when dealing with any enquiries about people. Other comments included, "homely and friendly atmosphere" and "staff were approachable". The registered manager told us this was important as any concerns could be responded to promptly or positive feedback given to the member of staff at the time. We received feedback from two health and social care professionals about these feedback records. Both commended the registered manager on the benefits about improving relationships and driving improvement. One of the health professionals told us, this service was very well-led and was always striving for improvement.

Feedback we received from health and social care professionals was positive in respect of the management of the service. One professional told us, "I find the middle management team there very helpful, very quick to call to check out details and good at putting programmes and recommendations into practice". Two health care professionals told us the service had greatly improved in the last two years with an emphasis on providing care that was tailored to the person. Feedback from relatives was equally positive in respect of the management of the service.

Another health professional provided written feedback after the inspection. They told us the staff had outstanding skills and had an excellent understanding of the cultural and diversity needs of the people they were supporting. They continued by saying the staff were innovative in making suggestions on the way they supported people. They showed so much love and respect that as a service they were overwhelmed with how much pride the staff took in their role. They concluded that really positive relationships had formed between people and staff and that their approach was person centred and based on best practice. They highly praised the registered manager and stated they use The Manor House as a role model for other services in the area.

Relatives told us the registered manager was always approachable and operated an open door policy. One relative told us, "I would highly recommend this service, the staff are all friendly, I have no complaints but I know that if I did, the manager and the staff would respond appropriately". Another relative told us, "We are all made to feel welcome when we visit and it is like one big family". Another relative told us, "The Manor House has a unique quality of being very inclusive and calm. It is a very special place and we enjoy getting invitations to the summer fete and family days". It was really noticeable that when relatives were visiting they knew other people in the home, they took the time to speak with them. It was evident from this that the staff team had developed an inclusive atmosphere for people and their relatives.

People's views were sought through an annual survey including that of their relatives and the staff that were supporting them. People and the staff expressed a high level of satisfaction with the care and support that was in place. The survey was in an accessible format and included pictures and words. People were also supported to use emotional cards and electronic devices to express their views and wishes. The registered manager told us they were in the process of sending out surveys for 2016 to relatives and this would be collated to look for any areas of improvement. The results of the survey were sent to us shortly after the inspection by the registered manager; 18 relatives had responded to the survey, 14 rated the service as excellent and four relatives rated it as good in relation to the rating of the quality of care. Comments included. 'It could not be better', 'always friendly with two way communication', 'The staff are brilliant at keeping us up to date', 'Home from home', 'I have every confidence the senior staff know X (person name) well and delivers care that surpasses the mum test' and 'Professionally run'. All other areas of the survey were positive about the cleanliness of the home, the relationships with staff, responding to complaints, and the delivery of care and the overall impression of the home.

The Manor House is a large service for people with learning disabilities. The registered manager had been creative in developing three smaller units each with their own staff teams. Staff felt this enabled them to provide consistent care that was tailored to the person. It was evident this had been successful with staff really knowing the people. Each unit had a senior care assistant who managed the staff and coordinated the care under the direction and supervision of the registered manager. There was an on call system shared between the registered manager, the team leader and a senior level 2 care assistant. The registered manager told us there was always a duty officer on shift coordinating the whole service who would also assist staff in supporting people. From talking with staff and our observations it was evident the registered manager was also very hands on. A member of staff said, "You will often find people in the office chatting with the manager or she will often come out and help especially during mealtimes".

The provider and the registered manager carried out checks of the service to assess the quality of service people experienced. These checks covered key aspects of the service such as the care and support people received, accuracy of people's care plans, management of medicines, cleanliness and hygiene, the environment, health and safety, and staffing arrangements, recruitment procedures and staff training and support. Where there were shortfalls action plans had been developed and were followed up at subsequent visits. The registered manager had devised an improvement plan which included redecoration of areas of the home, recruitment of staff, training and development of roles within the team. Much of this had been completed.

The registered manager told us the operation manager visited regularly to monitor the service. Reports were maintained of the visits. The registered manager had to compile a monthly report in respect of the care of staff and information about staffing such as training, sickness and any areas of concern and this was shared with the provider. Staff confirmed the operations manager and the provider regularly visited to speak with people, individual staff and the registered manager. The operation manager was visiting on the day of the inspection and was involved in the resident's meeting.

An open and transparent culture was promoted. Complaints showed that where things had gone wrong, the organisation acknowledged these and put things right. For example, making sure people or their relatives had feedback about their complaints including an apology.

The provider submitted the Provider Information Return (PIR) prior to this inspection. This clearly described the service and improvements they wanted to put in place to enhance the service. The registered manager told us they wanted to develop the life story books and improve on communication with families with the use of video calling and introduce a competency assessment for staff. Much of this work had been

completed.

The service had policies and procedures in place which covered all aspects relevant to operating a care home including the employment of staff. The policies and procedures were comprehensive and had been updated when legislation changed. Staff told us, policies and procedures were available for them to read and they were expected to read them as part of their induction and when any had been updated.

From looking at the accident and incident reports we found the registered manager was reporting to us appropriately. The provider has a legal duty to report certain events that affected the well-being of a person or affected the whole service.