The Church Of England Pensions Board

Manormead Care Home

Inspection report

Tilford Road
Hindhead
Surrey
GU26 6RA

Tel: 01428602502
Website: www.cofe.anglican.org/about/cepb

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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

This unannounced inspection took place on 23 November 2016. At the last inspection on 11 June 2013 the service was meeting the regulations we checked.

Manormead Care Home is owned and operated by the Church of England Pensions Board. It is a charitable organisation that offers a variety of services throughout the country to retired clergy, licensed church workers, their spouses, widows and widowers. Manormead can accommodate up to 36 people. There were 28 people living at the home on the day we visited. Some people were living with dementia.

One week before our planned inspection we were informed by the Church of England Pensions Board that after more than 60 years of providing care and nursing at Manormead the home would close on 31 March 2017. They said, "The safety and wellbeing of our residents is paramount, and we will not compromise that in any way." They went on to explain that over the last couple of years they have found it increasingly difficult to recruit and retain permanent nursing and care staff and their increasing reliance on agency staff was not sustainable in the longer term.

CQC continued with this planned inspection to ensure that people were being well cared for in a safe environment. CQC will continue to monitor the home during this closure period to ensure people and staff are receiving the care and support they need.

The home had a registered manager at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe at the home. The provider took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults at risk of harm. Staff knew and explained to us what constituted abuse and the action they would take to protect people if they had a concern.

Staff were familiar with risks people faced and knew how to manage these. Care plans showed that staff assessed the risks to people's health, safety and welfare. This helped staff to understand the impact risks had on a person's care and well-being.

We saw that regular checks of maintenance and service records were conducted to make sure these were up to date.

There were sufficient numbers of qualified staff to care for and support people and to meet their needs. We saw that the provider's staff recruitment process helped to ensure that staff were suitable to work with people using the service.

People were supported by staff to take their medicines when they needed them and records were kept of medicines taken. Medicines were stored securely and staff received annual medicines training to ensure that medicines administration was managed safely.

Staff had the skills, experiences and a good understanding of how to meet people's needs. Staff spoke about the training they had received and how it had helped them to understand the needs of people they cared for.

The service had taken appropriate action to ensure the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed. DoLS were in place to protect people where they did not have capacity to make decisions and where it is deemed necessary to restrict their freedom in some way, to protect themselves or others. We saw and heard staff encouraging people to make their own decisions and giving them the time and support to do so.

Detailed records of the care and support people received were kept. People had access to healthcare professionals when they needed them. People were supported to eat and drink sufficient amounts to meet their needs.

People were supported by caring staff and we observed people were relaxed with staff who knew and cared for them. Personal care was provided in the privacy of people's rooms. People were supported at the end of their lives and had their wishes respected.

People's needs were assessed and information from these assessments had been used to plan the care and support they received. People had the opportunity to do what they wanted to and to choose the activities or events they would like to attend.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. People told us they felt happy to speak up when necessary. From our discussions with the registered manager it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC.

The home had policies and procedures in place and these were readily available for staff to refer to when necessary. The provider had systems in place to assess and monitor the quality of the service. Health and safety and quality assurance audits were conducted by the home.

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. Staff were knowledgeable in recognising signs of potential abuse and the action they needed to take. Risk assessments were undertaken to establish any risks present for people who used the service, which helped to protect them.

There were sufficient numbers of skilled staff to ensure that people had their needs met in a timely way. The recruitment practices were safe and ensured staff were suitable for the roles they did.

We found the registered provider had systems in place to protect people against risks associated with the management of medicines.

Is the service effective?

Good

The service was effective. Staff had the skills and knowledge to meet people's needs and preferences.

People were supported to eat and drink sufficient amounts of their choice to meet their needs. Staff took appropriate action to ensure people received the care and support they needed from healthcare professionals.

The service had taken the correct actions to ensure that the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed.

Is the service caring?

Good

The service was caring. We observed staff treating people with dignity, respect and kindness. Staff were knowledgeable about people's needs, likes, interests and preferences.

People were encouraged and supported by staff to be as independent as possible.

There were arrangements in place to ensure people had the end of life care they wanted.

Is the service responsive?

Good

The service was responsive. Assessments were undertaken to identify people's needs and these were used to develop care plans for people.

Changes in people's health and care needs were acted upon to help protect people's wellbeing.

People told us they felt able to raise concerns and would complain if they needed to.

Is the service well-led?

Good

The service was well-led. The home was led by a manager, supported by senior staff and a team of administrators.

Staff understood the management structure in the home and were aware of their roles and responsibilities.

Systems were in place to monitor and improve the quality of the service.

Manormead Care Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 23 November 2016. It was carried out by one inspector and an expert by experience who had experience of the care of older people and related services.

We reviewed the information we had about the service prior to our visit. We looked at notifications that the provider is legally required to send us about certain events such as serious injuries and deaths.

During the inspection we gathered information by speaking with 10 people living at Manormead, five relatives, the registered manager, the nominated individual from the Pensions Board, the activities co-ordinator, the chaplain and seven staff.

We observed care and support in communal areas in an informal manner. We looked at four care records and four staff records and reviewed records related to the management of the service.

Good

Is the service safe?

Our findings

Comments people gave us when we asked if they felt safe at Manormead included, "Yes I do feel safe here," "Oh gosh yes I do feel safe here," "Yes, I do feel very safe here indeed. I know the people who look after me and they are reliable and very kind. So I certainly do feel safe" and "Yes sure, I do feel quite safe here. I've never had cause not to be actually, so I'm quite happy." Relatives said "Yes my relative is as safe as anywhere," "Yes, my relative does feel quite safe here. They're all in a very nice and safe environment" and "Yes my relative does feel safe here, very safe indeed. The quality of care here is very good I would say. The staff here are 100% reliable, absolutely. Even the agency nurses are reliable." During our visit we saw that staff and people got on well together in a friendly and relaxed atmosphere.

The provider helped to protect people from abuse. One person commented, "They do and would always treat me well, I have to say that. They're absolutely marvellous! I know they wouldn't abuse me physically and they certainly don't abuse me verbally" and a relative commented "My relative said they know the staff wouldn't abuse them and they are very kind."

Staff we spoke with were aware of and could explain to us what constituted abuse and they knew the actions they should take to report it. They said they would speak up in the event of an incident, even if it involved a colleague with whom they worked. Records confirmed staff had received training in safeguarding adults. When we spoke with the registered manager they were aware of procedures in relation to making referrals to the local authority that had the statutory responsibility to investigate any safeguarding alerts. The service had policies and procedures in place to respond appropriately to any concerns regarding protecting people from possible abuse and these were readily available for all staff to read.

Risks to people were managed well and the registered manager and their staff demonstrated a good awareness of risks people faced and how to manage these. We saw that risk assessments and care plans were appropriate to meet people's needs, including falls, nutrition, and mobility including the use of lifting equipment such as hoists and slings and skin viability to help prevent pressure sores. Where risks were identified management plans were in place, which gave details of the risks and the preventative measures to take to help prevent an incident occurring. We saw that risk assessments were clearly written and easy to understand and updated regularly.

People had individual personal emergency evacuation plans (PEEP), with information relating to their mobility, communication skills and other relevant issues that could be needed in an emergency. Fire drills were conducted every six to eight weeks and people and staff were aware of the actions they needed to take to remain safe. The maintenance person carried out a test of the fire alarm during our inspection. A recent Fire Safety assessment had highlighted the need for night time fire drills and the registered manager had put these in place. The provider had arrangements in place to deal with emergency situations to help ensure continuity of service should the premises become unusable.

We saw that the service had contracts in place for the maintenance of equipment used in the home, including the fire extinguishers and emergency lighting. A food standards agency inspection in February

2016 gave the kitchen a rating of five, which is the highest score.

Throughout the inspection we saw staff were available, visible and engaging with people. Manormead is a large house set on two levels with separate wings for people living with dementia. People commented about the level of staff available saying "There is the occasional problem with staff but they're very minor. They're very good really and together, we do get there in the end. The call bell is answered very quickly I believe. I haven't got one of those pendant things but I can get to the bell cord itself. The manager is looking into getting me a pendant and hopefully that will come shortly," "Staff do respond very quickly to the call bell when I push it" and "The call bell they respond to fairly quickly I feel. I rang at 3am this morning, and there's the exception to the rule, I got no response at all most unusual but it did happen" and "If I was in need of help I would press my call bell and they're usually here within a couple minutes maybe up to 5 minutes. At night time it can take slightly longer but not much."

The home had an alarm system which also indicated when a staff member was in a person's room and indicated in a coded way the type of help being given. This system aided staff in knowing where other staff were and if they were available to help others. The registered manager showed us a dependency chart which indicated people's level of care needed. This helped them to ensure the correct number of staff were available to assist people.

We looked at four staff files and saw the necessary steps had been carried out before staff were employed. This included completed application forms, references and criminal record checks. These checks helped to ensure that people were cared for by staff suitable for the role.

Medicines were administered safely. We observed that medicines were being administered correctly to people by staff trained in medicines administration. The majority of medicines were administered using a monitored dosage system or blister pack, supplied by a local pharmacy.

People we spoke with said "They do administer medication to me and they usually watch me take them down. Sometimes they do leave and come back to be sure that I have done so," "I do usually get [medicines] on time and they do make sure that I take them okay" and, "The medication comes around at the right time. They always watch me take them down. They never miss that."

Medicines were stored in locked cabinets in a locked room. Each person had an individualised medicine administration record (MAR) which contained their photograph and personal information including any allergies the person had. We noted that one MAR we looked at stated under allergies "None Known" but in the person's care plan an allergy was noted. We spoke with the registered manager about this discrepancy and they said they would check with the person's GP and amend their records accordingly. All the other MAR sheets we looked at were up to date, accurate and no gaps in the administration of medicines were evident. Daily audits of the MARs, blister packs and boxed medicines were conducted.

Medicines that needed to be kept cool were stored appropriately in a refrigerator and we saw records that the temperature in the refrigerator was checked and recorded on a daily basis.

The home had a medicines policy that was available for all staff to read. Records showed that staff received regular training and competency assessments for medicines administration. Staff administering medicines wore a red tabard stating 'Do not disturb, medicine round in progress.' Staff told us this helped them to concentrate totally on medicine administration. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines. There were safe systems for storing, administering and monitoring of controlled drugs and arrangements were in place for their use.

Good

Is the service effective?

Our findings

The service was effective and people were cared for by staff who received appropriate training and support. Four people commented, "Yes, I say they're well-trained, they certainly give that impression," "Absolutely, they are well trained here. They do what they do very thoroughly indeed. They do look after me very well I'm happy to say," "On the whole, they are certainly well trained here" and "Oh yes, very much so, they're well-trained." Relatives commented "Yes, I'm confident that my relative is comfortable and confident with the staff here and I think they are quite well trained. They are very happy as well so that does help" and "The carers here are very well trained to look after my relative and other residents. I wouldn't hesitate on that one."

Staff had the appropriate skills, experience and a good understanding of how to meet people's needs. Records showed staff had received an induction to the home which was comprehensive. Training was planned and delivered mainly in house with several senior staff trained as trainers. Refresher training was arranged around a six month, 1, 2, or 3 year cycle. Training included moving and handling, dementia awareness and challenging behaviours, infection control, food hygiene and first aid. This helped ensure staff were kept up to date with current procedures. The manager also told us staff used the Care Certificate as a tool to assess their current knowledge and plan future training. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Registered nurses used a self-assessment tool developed by Surrey CCG, to aid them in their planning of training.

The staff survey of April 2016 showed 33 of the respondents felt the training was good or very good and 27 felt the induction they received was good or very good. Staff spoke about the training they had received and how it had helped them to understand the needs of people they cared for.

Staff received one to one supervision every two months plus an annual appraisal. New staff received monthly supervision until their six month probationary period was completed. Records we looked at confirmed this. Separate meetings for nurses, care staff and ancillary staff were held every two months and we looked at the minutes of these meetings. For staff unable to attend the meetings the minutes were sent to them. This helped to ensure all staff knew what had taken place at these meetings.

The provider had taken appropriate action to ensure the requirements were followed for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 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. DoLS protects people when they are being cared for or treated in ways that deprive them of their liberty. People can only be deprived of their liberty to receive care and treatment when it 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.

We saw that staff encouraged people to make their own decisions and gave them the encouragement, time and support to do so. Where people were not able to make decisions, best interests' decisions were made for them with the involvement of their relatives and the relevant healthcare professionals, where necessary. Two relatives told us "They do go along with my relative's wishes when she expresses them. They will allow her to do anything that they feel she's able but they won't take any chances [with her safety]" and "My wishes for my relative are always respected by the staff. He does respond to interactions so I want that to continue and am sure they will do so."

Documents showed that assessments had been carried out for some people at Manormead as to whether they were being deprived of their liberty and applications under DoLS had been submitted to the local authority for authorisation. We saw the outcome of these applications retained securely. This information was also noted in people's care plans and staff were informed about the decisions so they could apply the restrictions appropriately whilst promoting people's independence as much as possible.

People were supported to eat and drink sufficient amounts to meet their needs and staff monitored people's weight, as a way of checking people's nutritional health. Four people said, "The food is superb, I'm a good eater," "I do like the food here. If I chose something I didn't like they would change it straightaway, no problem. I do get a lot of refreshments. I can get a cuppa or something to eat at night as well. I do keep biscuits around for a snack, just in case," "I've always liked my food and we do very well here. If I don't like my choice, they'd change it for me straight away. We do get ample refreshments during the day so we're well catered for here" and "We choose our menu on a monthly basis and they make notes so that they know. I can never remember what I've asked for so they just come and tell me that's what I plumped for. We do certainly get plenty of refreshments between meals. There's tea, coffee, squashes, biscuits, cakes etc. I would never ask for food at night as I know how busy they can be. I do have biscuits here in the room so have something to chomp on if I need it."

13 of the 17 respondents in the April 2016 survey said they were satisfied with the food on offer. People comments in the survey "The pureed food is excellent," and "I think the chef does well." People also commented that they mainly had enough to eat but the gap from supper to breakfast was a long time if you didn't have any snacks of your own to eat. The manager told us snacks and drinks were available at night if people required them.

Care plans contained information on people's food preferences including their likes, dislikes, the food consistency and type of drinks they preferred so staff had the necessary information to support them appropriately with their nutrition.

People were supported to maintain good health and have appropriate access to healthcare services. Care files we inspected confirmed that all the people were registered with a local GP and people could make a private appointment to see them either at the surgery or in the home. People commented "I believe the doctor comes twice a week, Monday and Thursday. If I needed to see him, I would tell the nursing sister and she would arranged it for me. The visiting dentist is very helpful," "The staff would arrange a doctor for me if I needed one. They'd just put me on the list" and "If I wanted to see a doctor or someone like that, I'm sure the staff would arrange it for me."

People's health care needs were also well documented in their care plans. We could see that all appointments people had with health care professionals such as dentists or chiropodists were always recorded in their health care plan.

In response to people's health needs the home had taken part in a 'Hydration Project' to raise awareness

among residents and staff of the importance of hydration and the areas of life that can be effected by poor hydration. The home had tried new types of fluids, herbal and fruit teas and monitored people's health progress. Staff received additional training to help them with this project and had documented the results in people's overall well-being. The registered manager told us that the number of hydration and health related illnesses had decreased as had the number of falls.

Good

Is the service caring?

Our findings

People were supported by caring staff. We saw that staff showed people care, patience and respect when engaging with them. People commented "Some of the carers are good, they chat whenever they come in so you get to know what's going on," "I love the carers all to bits. They always chat to you when they're with you. They become your best friend really. Several of them are like that, they treat you with much affection. They respect you" and "I do love them all ever so much. They are very, very good indeed. One staff [name given] is streets ahead of the others. They do chat to us, chat, chat, chat. We will miss them when the place closes as we know all about them. I'll have to get used to new people that we don't know at all." Relatives commented, "They are very caring, they're excellent. I love them all, so does my relative, she loves her carers. Whenever they're around her they do chat to try to keep her occupied and engaged," "The quality of care here is good, very good. They do treat my relative with the greatest of respect" and "They do seem pretty reasonable here with no particular bad exceptions. No bad experiences. Yes they do chat with my relative."

We heard staff calling people by their preferred name, which was detailed in their care plan. As a sign of respect for a person's former employment staff told us they always started off speaking to people using their official title, 'Reverend, Bishop, Deaconess' and only when the person let the staff member know what to call them did they change to the person's preferred name. This knowledge of people gave staff the opportunity to care for people in the most effective way.

We observed staff engaging with people throughout the day in a respectful and dignified manner. The atmosphere in the home was calm and friendly. Staff took their time and gave people encouragement whilst supporting them. People could choose where they would like to sit and what they would like to do.

Because the majority of people chose to stay in their rooms for some part of the day, the registered manager showed us a new system they had implemented to ensure people were safe, well cared for and their needs were being met. An 'Intentional Rounding' system had been implemented so that staff would check on a person each hour. This helped to ensure they had everything they needed and staff could spend time chatting to the person them. A note would be made of these visits and any actions needed would be taken immediately.

People were supported with their spiritual needs. The majority of people chose to spend time in their own rooms, despite there being several lounges and sitting areas. People did come together at meal times and were joined by people living next door at the supported living service. People also came together for the daily church services. There was a large chapel within the home, with a chaplain. A chaplain is a non-denominational cleric, such as a minister, priest, or pastor, or a lay representative of a religious tradition, attached to a hospital, prison, or care home. During our visit a service of Holy Communion took place in the morning which one person described as "inspiring." Another service in the afternoon led by the chaplain was for healing, with people attending having the opportunity to discuss areas of concern. People who were unable to attend the church services could request to see the chaplain in their room.

Throughout the house there were areas displaying a variety of information that people and relatives may

need, such as events and activities taking place each day. Residents' meetings were held monthly, which families were welcome to attend.

We saw that people had the privacy they needed and they were treated with dignity and respect. The April 2016 survey showed that all 17 respondents felt staff treated them with dignity. One person commented "All [staff] are very kind and welcoming."

When asked if they felt their privacy and dignity was respected, people said "They most certainly do treat me with the utmost respect and they do knock and wait for permission before they enter and respect my dignity at all times," "They do knock then enter, they don't just barge in. They certainly do treat me with the greatest of respect at all times and they look after my dignity very well indeed" and "They are good, very good indeed. They treat me with greatest respect and they do look after my dignity at all times."

People were supported by staff to make decisions about their end of life care. The majority of people had an advance care plan and a signed Do Not Attempt Resuscitation [DNAR] in place. People and relatives we spoke with confirmed that where they have wanted to make an advance decision on the end of their life they had done so. Some people had also chosen not to make these decisions yet. One person said "My family have a Lasting Power of Attorney but there's no end of life decisions made yet. I will get round to it eventually."

Good

Is the service responsive?

Our findings

People's needs were assessed before they moved into the home and care was planned and delivered in response to their needs. Assessments detailed the care requirements of a person for daily living, including general health, medicines, hearing and vision, dietary needs, communication, sleep, continence and mental health. People's records included information on the person's background, which enabled staff to understand them as an individual and to support them appropriately.

To help agency staff working at the home, a care plan summary had been devised which was given to agency staff at the start of their shift. Information included the person's name and room number, their health needs such as skin integrity, falls, mobility, nutrition and any risk factors to take into account when supporting the person. This had helped agency staff to get to know a person quickly and to be able to support them in a caring and effective way.

People's care plans were organised and securely stored. Care plans contained information and guidance to help staff know about how people's care and support needs should be met. The information included how a person would like to be addressed, their likes and dislikes, details about their health history, career and past life. The four care plans we looked at were signed and dated by the person. The registered manager told us that people's care plans were developed using the information gathered at the person's initial assessment. This helped to ensure people received the care they wanted and needed.

Reviews of a person's care were conducted monthly and any changes noted. An annual review was also conducted with the person, their family, GP and district nurses where appropriate. We asked people if they were involved in their review of care and if they had seen their care plan. People commented "I set the care plan up with them and they do keep it updated" and "I sorted out the care plan with them and I do know they update it as they go along." Relatives commented, "Yes, I did my relative's care plan with the management. He [relative] doesn't do any of it due to his illness" and, "We sorted out our relative's care plan with the home, I do know it's just been reviewed." Relatives' comments from the April 2016 survey showed that 11 out of 17 respondents were involved in their relatives care plans and 11 were consulted about changes to their relative's care plan. This shows that people and their relatives were involved in planning care to suit the needs of the person.

Two people commented about the activities, "We do have an excellent activities organiser and I do go to most of the activities" and "Yes, I do sometimes go to the activities, the ones that appeal."

The activities co-ordinator had worked at the home for over 20 years and said, "I take pleasure in doing what people want to do." In addition to the full time activities co-ordinator the home had recruited several volunteers to help with the activities and they told us staff take over the activities at the weekends. To help the activities co-ordinator keep up to date with new and current activities they had joined an organisation, the National Activity Providers Association [NAPA]. This is an umbrella organisation that connects, signposts, encourages and motivates anyone with an interest in lifestyle and well-being in the care sector.

The activities co-ordinator went on to explain that discussion groups, poetry reading and classical music were important pastimes to many people at Manormead. They also held film afternoons, exercise and singing classes and quiz events. On the day of our visit, about eight people were going out to a local school for a carol concert.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. People told us they knew who to make a complaint to and said they felt happy to speak up when necessary. They had confidence that the registered manager would deal with any concerns promptly.

People commented, "I've never had to complain but would go to one of the staff if I needed to do it. If that didn't work I'd go to the management," "I've complained about the food a few times," "I'd tell all the carers if I had a problem and needed to complain but hopefully, it won't happen" and, "If I had a problem and needed to complain, which I never have yet, I'd go to see matron. If it didn't get anywhere, then I'd go straight to the manager." Relatives commented, "We have never needed to lodge a complaint I'm pleased to say and hopefully will never have to do. Should the need arise we as a family would go straight to the manager and get it sorted" and "If I had a problem I'd mention it at the desk and go to management if needed. We've only had niggles so far so I don't think hopefully that we'll ever have a full-blown complaint." Records showed the registered manager had taken action in response to complaints about the food and they had also dealt with other complaints promptly and to the satisfaction of the people using the service.

Good

Is the service well-led?

Our findings

The home was led by a registered manager and senior nursing staff, supported by a team of administrators. Comments we received from staff included, "What makes this place good is the manager, they run the place beautifully," "the manager is very responsive when we need new equipment" and "you get good support here from the manager, seniors, matron and through staff meetings."

People commented "The manager is [name given]. She does come around and does talk to me. They [staff] are certainly well managed," "I don't really know the manager. I do know she's around at times. I certainly would recommend the home if they were staying open," "I know the manager, she does talk to us when she comes around. She does stop for a few words; I have to say I don't think this place is well managed at all. They can be more efficient and quick and it could be a lot better," "I don't know the manager but do think this place is well managed," "I don't know the manager very well. She sometimes talks to me but she doesn't listen when you answer. No, I don't think the place is well managed for various reasons [reasons were given]" and "The manager is a lady called [name given]. She did have a chat me recently, yes. I do believe that it is well managed. I'm sorry they're closing it, very sorry indeed."

Relatives commented "I do know the manager and have talked to her. I don't know her name but do know her by sight. I do think the place is quite well managed and, as I don't have too many niggles or complaints, feel that the staff are reasonably well led as well" and "If the place weren't shutting down I would certainly recommend it. It's most unfortunate really. It's certainly upsetting for us, not knowing what can happen, so that we can try to get ourselves sorted out."

We also spoke with staff about the impending closure of the home and five staff expressed a wish for more support from the manager at this time. We asked the manager about the support offered to staff and they told us they tried to walk around the home every day, speaking to all staff and to give them the support they needed. But they did recognise that staff support needs would vary greatly and they would take account of this when speaking with staff.

While being shown around the home by the registered manager we saw that they knew people and addressed them by their preferred name. But comments from the April 2016 survey results showed that people did not see or know who the manager was. Comments included 'Very rarely [seen],' '[seen] less than once a week,' 'I don't know who they are, they must make themselves known' and '[seen] very seldom.'

We brought the issue about why some people thought they had not had contact with the registered manager, to the attention of the registered manager and staff. They told us that this could be because the registered manager had been off work for five weeks prior to a satisfaction survey being sent out in April when people gave feedback about the service and also because the manager was not in a uniform. The registered manager said they would ensure they introduced themselves not only by name but by position held, i.e. manager.

From our discussions with the manager it was clear they had an understanding of their management role

and responsibilities and the provider's legal obligations with regard to CQC including the requirements for submission of notifications of relevant events and changes.

The home had appropriate policies and procedures to do with the running of the home in place and these were readily available for staff to refer to when necessary. Staff said they had access to the policies and any changes were discussed at team meetings.

Systems were in place to monitor and improve the quality of the service. This included surveys to gain feedback from people and relatives about the quality of the service that was being delivered and to identify areas for improvement.