Hadrian Healthcare (Whickham) Limited

The Manor House Whickham

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We carried out an inspection of The Manor House Whickham on 19 and 20 October and 3 November 2016. The first day of the inspection was unannounced. We last inspected The Manor House Whickham in August 2014 and found the service was meeting the relevant regulations in force at that time.

The Manor House Whickham provides accommodation, nursing and personal care for up to 74 people, including people living with dementia. There were 68 people accommodated there on the day of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the 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 told us they felt safe and were well cared for. Staff took steps to safeguard vulnerable adults and promoted their human rights. Incidents were dealt with appropriately, which helped to keep people safe.

The accommodation provided was to a very high standard, with a variety of pleasantly decorated and well-furnished lounges and seating areas. The building was safe and well maintained. The property was purpose built and adaptations had been made and additional signage provided to improve safety and highlight potential hazards. Other risks associated with the building and working practices were assessed and steps taken to reduce the likelihood of harm occurring. The home was clean throughout.

We observed staff acted in a courteous, professional and safe manner when supporting people. Staffing levels were sufficient to safely meet people's needs. The provider had a robust system to ensure new staff were subject to thorough recruitment checks.

Medicines, including topical medicines (creams applied to the skin) were safely managed.

As The Manor House Whickham is registered as a care home, CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found appropriate policies and procedures were in place and the deputy manager was familiar with the processes involved in the application for a DoLS. Arrangements were in place to assess people's mental capacity and to identify if decisions needed to be taken on behalf of a person in their best interests. People's mental capacity was considered through relevant areas of care, such as with medicines and distressed behaviour. Where necessary, DoLS had been applied for. Staff routinely obtained people's consent before providing care.

Staff had completed safety and care related training relevant to their role and the needs of people using the service. Further training was planned to ensure their skills and knowledge were up to date. Staff were well

supported by their managers and other senior staff. Staff performance was assessed annually and objectives set for the year ahead.

People's nutritional and hydration (eating and drinking) status was assessed and plans of care put in place where support was needed. People's health needs were identified and external professionals involved if necessary. This ensured people's general medical needs were met promptly. People were provided with assistance to access healthcare services.

Staff displayed an attentive, caring and supportive attitude. We observed staff interacted positively with people. We saw that staff treated people with respect and explained clearly to us how people's privacy, dignity and confidentiality were maintained.

Activities were offered within the home on a group and one to one basis. Adaptations had been made to the home to provide a calm and comfortable environment for people living with dementia. Staff understood the needs of people and we saw care plans and associated documentation were clear and person centred.

People using the service and staff spoke well of the home's managers and they felt the service had good leadership. Good communication was evident between staff working different shifts. We found there were effective systems to assess and monitor the quality of the service, which included feedback from people receiving care and oversight from external managers.

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 said they were safe and were well cared for. New staff were subject to robust recruitment checks. Staffing levels were sufficient to meet people's needs safely.

Routine checks were undertaken to ensure the service was safe. There were systems in place to manage risks and respond to safeguarding matters.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

People were cared for by staff who were well supported and who received safety and care related training. Further training reflective of people's needs was planned.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff had developed good links with healthcare professionals and where necessary actively worked with them to promote and improve people's health and well-being. People's needs related to eating and drinking were assessed and met.

Is the service caring?

Good

The service was caring.

Staff displayed a caring and supportive attitude.

People's dignity and privacy were respected.

Staff were aware of people's individual needs, backgrounds and personalities. This helped staff provide personalised care.

Is the service responsive?

Good

The service was responsive.

People were satisfied with the care and support provided. They were offered and attended a range of social activities.

Care plans were person centred and people's abilities and preferences were recorded.

Processes were in place to manage and respond to complaints and concerns. People were aware of how to make a complaint should they need to.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager in post who was effectively supported by a deputy manager and team of nurses and senior carers. People using the service and staff made positive comments about their managers.

There were systems in place to monitor the quality of the service, which included regular audits and feedback from people using the service and staff. Action had been taken to address identified shortfalls and areas of development.

The Manor House Whickham

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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 and 20 October and 3 November 2016 and the first day was carried out during the evening and was unannounced. The inspection team consisted of an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service, including notifications. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we used a number of different methods to help us understand the experiences of people who lived in the home, including observations, speaking with people, interviewing staff and reviewing records. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with six people who used the service and three visiting relatives. We spoke with the registered manager, the deputy manager and 13 other members of staff, including two nurses and six care workers a domestic worker, two kitchen staff, two administrators and a maintenance worker.

We looked at a sample of records including four people's care plans and other associated documentation, medicine records, five staff files, which included staff training and supervision records, four staff member's

recruitment records, complaint, accident and incident records, policies and procedures, risk assessments and audit documents.

Good

Is the service safe?

Our findings

People who used the service said they felt safe and comfortable at The Manor House Whickham. One person said, "I'm very happy with everything, the staff, my room and I've been well looked after." The relatives we spoke with all expressed the view that their loved ones were safe at the home. Comments made to us included, "She's very safe here" and "My family are kept well informed, we are very confident that mum is cared for and safe."

Staff we spoke with were clear about the procedures they would follow should they suspect abuse. Those we spoke with were able to explain the steps they would take to report such concerns if they arose. One staff member said, "I'd report to the manager or the next in line." They expressed confidence that allegations and concerns would be handled appropriately by their managers. They said, "I'm confident they'd be dealt with." Staff confirmed they had attended relevant training on identifying and reporting abuse. Staff also told us they had undertaken whistleblowing training (reporting poor practice) as part of their e-learning. The registered manager and their deputy manager along with other senior staff were aware of when they needed to report concerns to the local safeguarding adult's team and where appropriate to other agencies. We reviewed records and saw that concerns had been reported appropriately so steps could be taken to protect people from the risk of further harm.

People's finances were safeguarded. Only small cash balances were held for people using the service. Administrative staff kept clear records of transactions, with corresponding receipts for items of expenditure. External manager's and finance staff periodically audited these and other financial transactions to ensure staff at the home kept accurate records and people's money was safeguarded.

Staff undertook checks to identify and deal with potential hazards, such as those relating to the premises and equipment. The premises and equipment was designed to reduce the risk of harm. For example, bath hot water temperatures were automatically controlled by thermostatic mixer valves. Those we tested were within a safe and comfortable range. Sharp or hard fixed furnishings which could cause injury were minimised and doors to different areas of the home had key pads to keep people safe from leaving by wandering from the home and coming to harm, for example in unobserved stairwells. Bathroom and lounge areas were free from other obvious hazards, such as excess storage and level access was provided throughout the home. Utility services were subject to safety checks and copies of service records including electricity, gas and water system checks carried out by external contractors were retained for inspection. Shared areas of the home were free from unpleasant odours and were clean.

The managers, nurses and senior staff took steps to identify and manage risks to people using the service, staff and visitors. For example, where concerns were apparent about a person's mobility, behaviour, or general welfare and there was the risk of them being harmed, staff had developed plans of care and risk assessments to ensure a consistent and safe approach was taken. These were designed to inform staff of the area of concern and to ensure a consistent approach was taken to minimise risks. Staff regularly reviewed needs assessments, support plans and risk assessments to keep them up to date and to ensure they accurately reflected people's level of need, and the associated level of risk. A relative commented "She feels

very safe and they really look after her. She needs turning in bed every two hours and they always do it."

Staff logged accidents and these were analysed by managers to identify if any lessons needed to be learned and practice changed. Where people were at particular risk of falls, or other accidents, appropriate referrals were made to other professionals and staff took steps to increase levels of monitoring. For example, where a person was at risk of falling, pressure sensors were deployed to alert staff to them getting up so prompt assistance could be provided. This reduced the risk of unobserved falls in people's bedrooms. Also should a person fall prompt assistance would be provided. A staff member said, in respect of people living with dementia, "As not many people can use the call bells we do hourly checks through the night. Some have chair or floor alarms."

Staff were available 24 hours a day to respond to calls for help and assistance. An alarm call system was fitted throughout the home to enable help to be summoned remotely. When referring to using the alarm call, a relative told us, "They come straight away if she needs help or she's not well." People we spoke with had their call bells within reach and plugged in. Records of call response times showed calls were consistently answered in a prompt and timely manner.

There was a dependency tool used to assess how much care people needed, however this was not totalled to calculate minimum staff cover requirements. The view of the homes managers, nursing and care staff was that staffing levels were sufficient to ensure people remained safe. Comments from staff included, "I think there's enough [staff] for people's needs", "Staff are deployed flexibly and the rota planned to meet people's needs", "On the other floors it's an 8am start. There is a 6:45am handover on the nursing floor as they need more help" and "Staffing's on the safe side and there's flexibility between floors." A relative told us, "I'm happy with the staffing levels, but some staff seem to do extra shifts to cover." Another said, "Staffing levels are good and she's well cared for." Staff appeared to be busy, but not rushed. We observed staff had time to chat with people and provided support at a pace that suited each person.

We recommend the provider seeks advice from a reputable source on assessing and determining staffing levels on the basis of service users dependency levels, the layout of the home and an analysis other key indicators, such as call response times.

Staff were vetted for their suitability to work with vulnerable adults before they were confirmed in post. The application form included provision for staff to provide a detailed employment history. Other checks were carried out by the registered manager and included ensuring the receipt of employment references and a Disclosure and Barring Service (DBS) check before an offer of employment was confirmed. A DBS check provides information to employers about an employee's criminal record and confirms if staff have been barred from working with vulnerable adults and children. This helps support safe recruitment decisions. Records for the most recently recruited staff members showed appropriate documentation and checks were in place for them. They had not been confirmed in post before a DBS check and references had been received.

Suitable arrangements were in place to support the safe administration of medicines. We observed medicines being offered to people safely, and with due regard to good hygiene. A monitored dosage system (MDS) was used to store and manage the majority of medicines. This is a storage device designed to simplify the administration of medicines by placing the medicines in separate compartments according to the time of day. Medicines were stored safely. The store room was locked when not in use and during the medicines administration round the trolley was locked when unattended. The nurse offered gentle encouragement to people and waited to check they had taken their medicine before signing the administration records. Medicines were well accounted for, with clear records of administration kept, corresponding to stocks held.

Records and stocks were accurate for variable dose medicines, as were those where doses were regularly reviewed and changed.

Good

Is the service effective?

Our findings

People who used the service made positive remarks about the staff team and their ability to do their job effectively. One person said of the staff, "I think the do a very good job." Staff made positive comments about their team working approach, the support they received and training attended. One said, "I've never worked in a place like this. I enjoy working here so much, I actually like coming to work." Another staff member said, "This place is better organised than any of the other homes I've worked at, you know who you're working with here." They continued, "The staff are happy and willing to help each other."

Regarding their supervision and support arrangements a staff member said, "We have regular supervision." Staff felt the supervision they received was helpful. Records confirmed staff attended regular individual supervisions and group meetings. The records of these supervision meetings contained a summary of the discussion and the topics covered were relevant to staff roles and, service users and their own general welfare.

A staff member told us, "When the home first opened we went for a week's induction. E-learning is ongoing and we receive taught training, such as safeguarding." Another said, "We get constant, ongoing training; care planning, moving and handling, first aid. You can ask for and get any relevant training you need." Nursing staff received training appropriate to their role, and one explained, "We get nurse training such as wound and pressure care and if we want anything additional such as dementia training." Records showed staff had received safety related training on topics such as first aid, moving and handling, and food hygiene. Topics and learning opportunities relevant to the health and care needs of people using the service were also offered. Further training was planned, including refresher training once training was deemed to be out of date. Staff also had access to additional information and learning material relevant to the needs of people living at The Manor House Whickham.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions of authorisations to deprive a person of their liberty were being met.

We discussed the requirements of the (MCA and the associated DoLS with the deputy manager. They told us people's capacity to make decisions for themselves was considered as part of a formal assessment. We also saw people's decision making capacity and consideration of 'best interests' was considered in relevant care plans and risk assessments. Staff recorded in daily notes where consent was sought and given for care and

treatment interventions. Those people living with dementia had their capacity to make decisions assessed. Where they lacked capacity and decisions were taken in their best interests, a DoLS had been applied for. A copy of the authorisation was retained on file so staff were aware of any relevant conditions attached to the authorisation. Staff tried to identify what each person's known beliefs and wishes were in relation to any best interest decision taken, with the least restrictive options considered, so they could anticipate people's wishes in relation to their care.

People's comments about the food and drink provided included, "I have plenty to drink at hand", "Food wise there is not a great deal of choice, but what I get is nice and there is always enough" and "The food is lovely and always is. There's more than enough, too much sometimes." Relatives were complimentary about the food and the support offered to their loved ones. One relative commented, "She's well looked after here, the food is excellent." Another said, "The food is very, very good."

Staff undertook nutritional assessments and if necessary drew up a plan of care for meeting dietary needs. This was reviewed periodically; either monthly or weekly depending on people's needs. People's weights were regularly monitored to ensure care was effective and to identify the need for additional advice and support from the GP or dietitian. We saw this support and advice had been arranged where people were at risk of malnutrition and supplementary food products had been prescribed for them. Staff in the kitchen confirmed they were aware of those people who needed their meals fortified, for example with full fat milk and butter. Kitchen staff were made aware of people's other dietary needs and preferences, such as those related to health conditions, cultural beliefs and medicine interactions. One of the kitchen staff told us, "The communication's good [with care staff]. We have menus and a list that highlights allergies, soft diets, etc. We have vegetarians and go on to the floor to ask people about their choices." We observed staff were kind and caring when offering support at meal times, being seated with those people who needed help to eat and drink.

We observed people living at the home being offered drinks (and asked their preference) at regular intervals and drinks were available for people in their bedrooms. Care plans and risk assessments on supporting eating and drinking were in place although not always fully completed. Target fluid intake levels were set, but guidance for staff to follow should these not be achieved was not clear. A running balance was kept, which helped with monitoring. We highlighted this finding to the registered manager and the deputy manager to review and address for those people concerned. They acknowledged this feedback and undertook to ensure this was addressed without delay.

People using the service and their relatives confirmed that health care from health professionals, such as the General Practitioner (GP) or dentist could be accessed as and when required. One person said, "I have a doctor who comes here on a Tuesday." A relative informed us, "Nursing care is in house so my wife is treated here instead of going to hospital and the Doctor comes in every Tuesday. They even have a dentist." Another relative said, "There's immediate medical attention if it is needed." A nurse confirmed, "I will support the other floors and take observations and advise if the urgent care team or GP are needed." Staff explained how they worked with other professionals. One staff member commented to us, "We've got a good relationship with the professionals. We'll refer people to the dietitian and get domiciliary visits." Another staff member informed us, "We have our own physio (physiotherapist)." A visitor explained how their relative's health had improved since moving to the home. They said, "[My relative] came here from hospital with bed sores and a catheter, but they [the staff] have cleared all that up."

Records showed people were registered with a GP and received care and support from other professionals, such as the chiropodist, dentist and optician. Links with other health care professionals and specialists to help make sure people received appropriate healthcare had been made. For example, the input of the

dietitian was documented and their advice was incorporated into care plans. Care plans relating to healthcare needs were up to date and completed appropriately. Medical history information was gathered and was available in a way that could easily be communicated with other services, for example when someone needed to be admitted to hospital at short notice.

Good

Is the service caring?

Our findings

Peoples using the service told us they were happy living at the home. One comment was, "It's nice here it's good." We saw people's privacy and dignity were promoted. People were well groomed and smartly dressed in well-fitting clothes. A relative remarked to us, "My wife is always clean and dressed properly." Staff expressed clarity on the importance of ensuring people's privacy and promoting their dignity when receiving care. One said, "We have dignity champions, as well oral health and dementia champions."

We saw people being spoken with considerately and staff were seen to be polite. We observed the people using the service to be relaxed when in the presence of staff. We observed staff members interacted in a caring and respectful manner with people using the service. For example, support offered at meal times was carried out with patience and at a pace that suited each person. Where staff provided one to one support they sat with, chatted to and interacted politely with the person. We observed appropriate humour and warmth from staff towards people using the service. Staff managed potentially challenging and disruptive situations well, showing professionalism, good humour and compassion. The atmosphere in the home appeared calm, friendly, warm and welcoming.

Staff also acted appropriately to maintain people's privacy when discussing confidential matters or helping people with their medicines. Staff we spoke with were clear about the need to ensure people's privacy; ensuring personal matters were not discussed openly and records were stored securely. We saw staff knock on bedroom doors before entering. One staff member told us, "We knock on doors, close curtains. Rooms have en-suites." Another said, "Records are locked away." Practical steps had also been taken to preserve people's privacy, such as door locks fitted to toilets and bathrooms. One said to us, "Records are kept in bedrooms, such as turn tables and eating."

People and their relatives told us they were involved in decisions about their care and stated if they had any worries they could approach the staff and they would help. Relatives also informed us that they were kept up to date and involved in important decisions about their loved ones care. One relative remarked to us, "I am informed and involved by the staff in all my wife's treatment." Another suggested, "I would like to have a point of contact who deals specifically with my wife's care." Evidence that people using the service were involved in aspects of planning their care and treatment was also documented in care files.

The registered manager and the deputy manager were aware of local advocacy services available to support decision making for people should this be needed. Staff told us they were updated about people's needs at 'hand over' meetings to ensure such decisions were implemented in practice. We observed the day to night shift handover and saw a detailed discussion about peoples changing needs and preferences. One staff member said, "We have 'preference records' for areas such as bathing. These will be written in care plans." We observed people being asked for their opinions on various matters, such as meal choices, and that staff discussed and encouraged participation in day to day activities. For example we saw a gentle interaction with a staff member asking, 'are you coming with us?' and singing while helping the person to mobilise. We also observed a staff member knock and go into a room to discuss the following day's menu. They took a long time with the person due to their communication needs and we saw a patient and pleasant discussion

took place.

Good

Is the service responsive?

Our findings

People and their relatives told us the service was responsive to their needs and they were listened to. People were aware of and involved in planning their care. One relative told us, "There is no bother at all about approaching the staff or management about anything." Another relative explained to us, "The management listen to you and if you ask you get results."

Staff identified and planned for people's specific needs through the care planning and review process. We saw people had individual care plans in place to ensure staff had the correct information to help them maintain their health, well-being and individual identity. When people had moved to The Manor House Whickham a senior member of staff undertook an initial assessment of their needs to ensure they could be met at the home. Their needs had been reviewed and re-assessed since that time. From these re-assessments a number of areas of support had been identified by staff and care plans developed to outline the care needed from staff. There was evidence to show that people's care and treatment was reviewed and re-assessed in response to changes. For example, staff acted on feedback from people, or instances where people's needs had changed or risks increased. Areas included changes in people's behaviour, nutritional risks and personal care needs.

We observed the deputy manager discussing a prospective admission to the home and they had clearly identified on assessment and explained to their social worker that the person's needs could not be met at the home at that time. They had not only considered the person's needs, but also those of the people currently resident at The Manor House Whickham. They demonstrated the importance of not causing potential distress and detriment to an individual by pursuing an unsuccessful admission, and also of the need to consider the wellbeing, needs and welfare of people already accommodated there.

Care plans were sufficiently detailed to guide staffs' care practice. Staff developed care plans with a focus on maintaining people's wellbeing and independence. The outcome of this approach was reflected in a thank you letter from a family of person staff assisted to regain their independence and move to their own flat locally. Care plans covered a range of areas including; physical health, psychological health, leisure activities, and relationships that were important to people. Care plans were evaluated regularly to ensure there were meaningful. There were evidence based updates on the progress made in achieving identified goals, such as helping people to gain weight and manage distressed reactions. If new areas of support were identified, or changes had occurred, then they were modified to address these changes. Staff also detailed the advice and input of other care professionals within individual care plans so that their guidance could be incorporated into care practice.

Progress records were available for each person. These were individual to each person and written with sufficient details to record people's daily routine and note significant events. Such records also helped monitor people's health and well-being. Additional monitoring records helped evidence the care and support provided, for example with distressed reactions, diet and pressure area care. Areas of concern were recorded and these were escalated appropriately, for example to the GP, or to mental health and community healthcare professionals, such as the dietitian and tissue viability nurse.

Staff had a good knowledge of the people living at the home and could clearly explain how they provided support that was important to each person. Staff were readily able to explain people's preferences, such as those relating to health and social care needs, personal preferences and leisure pastimes.

The people living at The Manor House Whickham accessed activities in the service. Activities included entertainers, pet therapy, one to one time, games, movie afternoons, exercises and manicures. The home benefited from an attractively planted enclosed garden to enable people to spend time outside when the weather permitted. We saw people were able to accept visitors throughout the day and could receive their guests in private or shared lounges.

People using the service expressed a good understanding of to whom and how to complain. Most said they would speak to a member of staff and the registered manager if they had any concerns. We saw information about making a complaint was available on the service's notice board. There were two complaints recorded within the service during 2016. Records showed the complaints were acknowledged, investigated, an outcome communicated to the person concerned and apology offered where appropriate.

A record of compliments was also kept, as well as numerous thank you cards, where people expressed thanks and gratitude for the care given and approach of staff. Comments from compliments included; "I have been a resident at Manor House for eight months now so I have given myself a fair and reasonable time to give you an unbiased account of my findings. The premises are first class and staff are wonderful. Nothing is a problem; they make you feel you are special. I can well and truly recommend this establishment as a lovely place", "As a family we were truly astounded as to how quickly she settled in, never once asking why she was with you or indeed ever pleading to leave. This is testimony to both the luxurious and homely surroundings provided and the warmth and caring attitude of all of your staff" and "Thank you for the outstanding care you gave [name]. From the first day she was made to feel welcome, safe and loved. [Name] had many happy times, joining in with the activities provided and during her time of illness she was always cared for in a dignified manner."

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in place. People and their relatives told us they were happy at the home and with the leadership there. One person's relative told us, "It's a well run care home." Other comments included, "This place feels like a big family, they are always willing to help, they certainly have impressed me" and "This place is superb." All the people using the service, relatives and staff we spoke with said they would recommend the home to family and friends.

Staff were complimentary about the leadership of the service. One staff member said, "The management are fine and I can talk to them about anything." Another commented, "[Registered manager] and [deputy manager] are absolutely lovely, I really feel appreciated and they support me. I love having them around."

The registered manager was on leave during part of our inspection and arrangements were in place to ensure the smooth day to day management of the home during this time. The deputy manager was present and assisted us with the inspection and the registered manager was present for feedback. The management team appeared to know the people using the service and the staff well and had a visible presence within the service. Paper records we requested were produced for us promptly and we were able to access care records we required. The registered manager and her deputy were able to highlight the priorities for the future of the service and were open to working with us in a co-operative and transparent way. They were aware of the requirements to send the Care Quality Commission notifications for certain events and had done so.

The registered manager, her deputy and staff were clear about the challenges facing the service as they provided care for people with increasing levels of complex needs. The underlying values of the service were clearly expressed and staff at all levels saw that ensuring people were treated with dignity, respect and as individuals was central to the service offered. This was reflected in feedback received by the service, with one relative stating, "The nursing and support staff always treat her with kindness and respect in a most dignified manner.

To ensure a continued awareness of current good practice the managers attended on-going training and had networked with other managers within the provider group and more widely. They had supported the learning and development of colleagues. The managers sought the advice and input of relevant professionals, including in relation to people's general medical and mental health needs.

We saw the registered manager, their deputy and senior staff carried out a range of checks and audits at the home. A staff member informed us, "The manager and deputy do spot checks." A representative from the provider organisation also visited to carry out a quality check on care and staffing issues, and staff confirmed senior managers attended the service periodically, seeking their views and those of the people living at The Manor House Whickham. For example, during the inspection a senior manager attended the home to carry out a care plan audit.

Staff said they were well informed about matters affecting the home. The managers told us there were staff

meetings and meetings for people living in the home. Records confirmed this was the case. There was a broad range of topics discussed at the meetings. The resident and relatives meetings included discussion on activities, safeguarding, mental capacity, health and safety and security. Team meetings included discussions of care related, safety, policy and personnel issues. Feedback from people using the service, their relatives and staff was also sought by questionnaires. Survey results highlighted high levels of satisfaction with the service. Areas for further action had been identified and an update on action taken clearly posted for people to be read. This gave the people using the service, their relatives and staff the opportunity to be involved in the running of the home and to be consulted on subjects important to them.