Wells House Limited

# The Manor Nursing and Residential Care

## Inspection report

Fore Street
Yealmpton
Plymouth
Devon
PL8 2JN

Tel: 01752880510

Date of inspection visit:
30 October 2017
01 November 2017

Date of publication:
19 December 2017

## 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

We carried out an unannounced comprehensive inspection on 30 October 2017 and 01 November 2017.

The Manor Nursing and Residential Home is a care home with nursing. It also specialises in end of life care. The service is registered to provide accommodation for nursing and personal care for up to 22 older people. On the days of our inspection there were 19 people living at the care home.

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 lived in a service with exceptional leadership. The providers caring values were embedded into the culture and staff practice. People, relatives, external professionals and staff spoke positively about the management of the service. The registered manager had a committed and passionate attitude about the service, the staff, but most of all the people. Staff spoke of their love for the people they cared for, and their passion for working at the service.

People were treated with kindness and endearing compassion by staff who truly respected and valued them. Staff offered exceptional and distinctive care and support to people. People's emotional needs and support were compassionately recognised. Staff displayed the upmost empathic and compassionate behaviour. People were supported and given time to express their views so that those caring for them fully understood their wishes and preferences.

People lived in a service which was monitored by the provider to help ensure its ongoing quality and safety. The provider's governance framework, helped monitor the management and leadership of the service, as well as the ongoing quality and safety of the care people were receiving.

The provider and registered manager were open, transparent and admitted when things had gone wrong. This demonstrated their understanding and recognition of the Duty of Candour. The Duty of Candour means that a service must act in an open and transparent way in relation to care and treatment provided when things go wrong. The provider notified the Commission of significant events which had occurred in line with their legal obligations. For example, regarding safeguarding concerns, deaths and serious injuries.

People's family and friends were warmly welcomed. When people did not have a family, or anyone to act on their behalf, advocacy services were appointed. People's comments and complaints were viewed positively and used to help improve the quality of the service.

People received personalised care. People's individual equality and diversity was respected, enabling people to be supported in the way they wanted to be. People's care plans were person-centred. They

detailed how they wanted their needs to be met in line with their wishes and preferences, taking account of their social and medical history, as well as their cultural, religious and spiritual needs. People's communication needs were effectively assessed and met and staff told us how they adapted their approach to help ensure people received individualised support.

People received an organised and co-ordinated approach to their health and social care needs. People had access to external healthcare professionals to ensure their ongoing health and wellbeing. People's care records detailed a variety of professionals were involved in their care and people were actively involved in monitoring their own healthcare.

People were supported at the end of their life to have a comfortable, pain free and dignified death by staff who were loving, and had received accredited palliative care training. The service was accredited with the local hospice. The staff worked collaboratively with external professionals, ensuring people received and individualised palliative care and pain relief promptly.

People were protected from abuse and avoidable harm. Staff knew what action to take, if they suspected someone was being abused, mistreated or neglected. Staff, were recruited safely to ensure they were suitable to work with vulnerable people.

People were cared for by suitable numbers of staff, who supported them and met their needs. The provider made sure there were enough staff by talking and obtaining feedback from people and the staff team.

People, who had risks associated with their care, had them assessed, monitored and managed by staff to ensure their safety. People's safety was paramount. When things went wrong, the provider learnt from mistakes and took action to make improvements. People received their medicines safely and were given them, in a caring and compassionate manner.

People lived in a service which had been designed and adapted to meet their needs. The provider had taken into consideration people's diverse care and support needs when making changes to the environment, and listened to what people needed.

People lived in an environment which the provider had assessed to ensure it was safe. People were protected by the provider's infection control procedures, which helped to maintain a clean and hygienic service.

Overall, people were cared for by staff who had received training to meet their individual needs. However, not everyone had completed the providers 'mandatory training' courses, but action was being taken to rectify this.

Overall, people and their families told us they liked the meals. People were supported to eat a nutritious diet and were encouraged to drink enough. Staff knew what people's nutritional needs were so they could be supported correctly. People, who required assistance, were supported in a respectful and dignified manner.

People's care and support was based on legislation and best practice guidelines, helping to ensure the best outcomes for people. People's legal rights were up held and consent to care was sought.

Overall people and their families told us there were opportunities for social engagement. However, some people expressed they would like more to do, and to go out more. The registered manager had already been made aware of people's views, and had started to take action.

People were encouraged to be involved in the development of their service. People lived in a service which was continuously and positively adapting to changes in practice and legislation.

People benefited from a registered manager who worked with external agencies in an open and transparent way and there were positive relationships fostered. The registered manager kept their ongoing practice and learning up to date to help develop the team and drive improvement.

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

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

People told us they felt safe living at the service. Risks associated with people's care were safely assessed, monitored and managed.

People were protected from abuse and avoidable harm.

People were cared for by suitable numbers of staff, who supported them and met their needs.

People received their medicines safely.

People were protected by the provider's infection control procedures which helped ensure the service was kept clean and hygienic.

People's safety was paramount. When things went wrong, the provider learnt from mistakes and took action to make improvements.

### Is the service effective?

Good

The service was effective.

People's equality and diversity was respected.

People's care and support was based on legislation and best practice guidelines, helping to ensure the best outcomes for people.

People were cared for by staff who had received training to meet their individual needs.

People were supported to eat a nutritious diet and were encouraged to drink enough.

People had access to external healthcare professionals to ensure their ongoing health and wellbeing.

People received an organised and co-ordinated approach to

their health and social care needs.

People lived in a service which had been designed and adapted to meet their needs.

People's legal rights were up held. Consent to care was sought in line with guidance and legislation.

## Is the service caring?

**Outstanding** ☆

The service was exceptionally caring.

People were treated with kindness and endearing compassion by staff who truly respected and valued the people they cared for.

People were supported and given time to express their views so that those caring for them fully understood their wishes and preferences. When people were unable to do this, advocacy services were appointed.

People's privacy, dignity and independence was respected in a compassionate, timely and appropriate way.

Staff used their knowledge of equality, diversity and human rights to help support people with their privacy and dignity in a person centred way.

## Is the service responsive?

**Good**

The service was responsive.

People received personalised care.

People's individual communication needs were effectively assessed and met.

People's comments and complaints were viewed positively and used to help improve the quality of the service.

People were supported at the end of their life to have a comfortable, pain free and dignified death by staff who had received accredited palliative care training.

## Is the service well-led?

**Good**

The service was exceptionally well-led.

People lived in a service whereby the providers caring values

were embedded into the leadership, culture and staff practice.

People, relatives, external professionals and staff spoke positively about the leadership of the service.

People lived in a service which was monitored by the provider to help ensure its ongoing quality and safety.

People were encouraged to be involved in the development of the service.

People lived in a service which was continuously and positively adapting to changes in practice and legislation.
The registered manager kept their ongoing practice and learning up to date to help develop the team and drive improvement.

People benefited from a registered manager who worked with external agencies in an open and transparent way.

# The Manor Nursing and Residential Care

**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 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.

We visited the care home unannounced on 30 October 2017 and 01 November 2017. The inspection team consisted of one inspector, a specialist advisor of nursing care for older people and an expert by experience - this is a person who has personal experience of using or caring for someone who uses this type of service. Before our inspection we reviewed the information we held about the service. We reviewed notifications of incidents the provider had sent us since the last inspection. A notification is information about important events, which the service is required to send us by law. In addition, we also contacted Healthwatch Devon, the local authority quality and service improvement team, and the Clinical Commissioning Group (CCG). There feedback can be found through-out the inspection report.

We also used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make

During our inspection 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 observed how people spent their day.

We spoke with six people who lived at the service, three relatives, seven members of staff, the registered manager and the operations manager.

We looked at 13 records which related to people's individual care needs. We also looked at records that

related to people's medicines, as well as documentation relating to the management of the service. These included auditing records, policies and procedures, accident and incident reports, training records, equipment and service records, and kitchen menus.

Good

# Is the service safe?

## Our findings

People told us they felt safe, commenting "I feel safe because everybody is so nice to us", "We have nothing to worry about", "The staff make it good and safe", and "There's always somebody around if you need help".

People were protected from abuse and avoidable harm. This was because staff understood the provider's up to date safeguarding policy and received training about what action to take if they suspected someone was being abused, mistreated or neglected. Staff spoke confidently about how they would protect people by raising their concerns immediately with the registered manager or with external agencies, such as the local authority safeguarding team or police. Staff, were recruited safely to ensure they were suitable to work with vulnerable people.

People's individual equality and diversity was respected because staff received training on the subject, and people had care plans in place to ensure staff knew how they wanted to be supported. People did not face discrimination or harassment in relation to their sexuality. One person's care plan was descriptive in helping staff to know about their personal history, enabling them to be supported in the way they wanted to be, which was seen to be observed in practice.

People, who had risks associated with their care, had them assessed, monitored and managed by staff to ensure their safety. For example, one person was at risk of not drinking enough. So they had a risk assessment in place which detailed the importance of staff frequently reminding and prompting them to drink during the day, which was observed in practice. People, who were at risk of losing weight, were closely monitored by staff. Kitchen staff were promptly made aware of changes so meals could be adapted as necessary, such as making them high calorie.

People lived in an environment which the provider had assessed to ensure it was safe. Equipment used by people, such as hoists were serviced in line with manufacturing guidelines. The fire system was checked, and weekly fire tests were carried out. The operations director carried out a health and safety audit to help identify where improvements were required. One monthly audit had identified furniture which had required replacing. However, the audit had not identified two cupboards that should have been locked because of safety. The registered manager took immediate action to lock these and to speak with staff to ensure their ongoing vigilance.

People's accidents and incidents were recorded. The registered manager told us "If I can see a pattern emerging I deal with it immediately". For example, one person had been referred to the falls team, as a consequence of falling regularly. Arrangements were in place to inform staff of new NHS patient safety alerts. These are important public health messages and other critical safety information sent by the NHS.

People were cared for by suitable numbers of staff, who supported them and met their needs. One person told us, "There's always somebody around if you need help". The provider made sure there were enough staff by talking and obtaining feedback from people and the staff team. They also used a staffing assessment tool which helped identify how many staff were needed. A staffing assessment was carried out

on a monthly basis, or as the registered manager explained "If things are changing rapidly". Action had been taken in August to increase staffing levels, because people's care needs had increased. Staff told us, the increase in staffing numbers meant people were not rushed and their needs could be fully met, with one member of staff telling us, "If you want to do a good job, you have to be staffed".
People received their medicines safely, because the provider made sure staff followed the medicines policy by carrying out competency checks of staffs practice. People were given their medicines in a caring and compassionate manner, and were fully informed about what medicines they were being given. People's medicines were stored safely and were well organised to reduce the occurrence of medicine errors. There was a system in place to review medicine practices on a monthly basis. There were clear guidelines in place for people who needed to take their medicines covertly, this made sure their human rights were upheld.

People lived in an environment which was free from odour. People were protected by the provider's infection control procedures, which helped to maintain a clean and hygienic service.
Staff followed infection control practices, by wearing gloves and aprons when carrying out personal care tasks. A monthly infection control check, had identified one person required a new bed because their mattress had become stained with urine. The kitchen had been awarded five stars by the Environmental Health Officer (EHO). The highest award available. Staff had been trained in food hygiene.

The provider worked hard to learn from mistakes. When things went wrong, the provider learnt from mistakes and took action to make improvements. One example of this was the introduction of new documentation to assist with better communication between staff and community nurses. This had been introduced, because the registered manager had been keen to learn from local authority safeguarding feedback in order to improve the service. The registered manager told us, "We are learning lessons all the time".

Good

# Is the service effective?

## Our findings

Overall, people were cared for by staff who had received training to meet their individual needs. The provider made sure the staff team completed training courses which they deemed as mandatory so people's needs could be met by staff who had the right skills and knowledge. Staff were complimentary of the training opportunities, telling us there is always training taking place. Training courses included, dementia, equality and diversity, moving and handling, diabetes, and Parkinson's. However, not everyone had completed the providers 'mandatory training' courses. The registered manager had already recognised this, and had created a 'staff development' plan to address the training gaps. The plan would be completed by 2018. Until then, the registered manager ensured staffing knowledge across the team, by taking into consideration skill mix when planning staffing rotas.

New staff received an induction prior to commencing their role, to introduce them to the provider's ethos and policy and procedures. Staff who had no experience in the sector completed the care certificate. The care certificate is a nationally recognised qualification for care workers new to the industry.

Overall, people and their families told us they liked the meals, telling us "The meals are the best I have ever had", "I can choose what I want to eat" and "My relative loves the home cooking". However, one person told us, "The food wasn't very good today, it wasn't very tasty". Meals were prepared in line with people's likes, dislikes and cultural wishes. One person had recently asked for fish pie to be an option on 'fish Friday', instead of the traditional fish and chips. So this had now been incorporated into the menu. The chef told us, "We consider it as their home, it's a family home. Whatever they need, want, they get".

People were supported to eat a nutritious diet and were encouraged to drink enough. Staff knew what people's nutritional needs were, because people had care plans in place to provide them with guidance and direction. People, who required assistance, were supported in a respectful and dignified manner, by staff who meaningfully engaged as each spoonful of food was delivered.

People's care and support was based on legislation and best practice guidelines, helping to ensure the best outcomes for people. Oral care had been adapted to take account of dentistry advice which had been obtained at a learning workshop. Nursing staff undertook clinical training to help assist with their ongoing competency and revalidation. Revalidation is the process by which nurses have to demonstrate continued knowledge and competence in order to retain their formal nursing registration with the Nursing and Midwifery Council (NMC).

People's legal rights were up held. Consent to care was sought in line with guidance and legislation. The registered manager understood their responsibility in relation to the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS). People's care plans recorded their mental capacity had been assessed when required, and that DoLS applications to the supervisory body had been made when necessary. There was a system in place to help ensure approved applications were reviewed prior to their expiry, which meant people were not at risk of being unlawfully detained. Staff had received training in respect of the legislative frameworks and had a good understanding.

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 so that they can 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).

People's consent to care had been sought and recorded in their care plans and staff, were heard to verbally ask people for their consent prior to supporting them, for example before assisting them with their lunch or with their medicines. People had an independent mental capacity advocate (IMCA) who was appointed if they had no one to act on their behalf, ensuring they did not face discrimination, when making decisions.

People had access to external healthcare professionals to ensure their ongoing health and wellbeing. People's care records detailed a variety of professionals were involved in their care, such as community nurses, occupational therapists and GPs. For example, because of recognised changes in one person's mobility, an occupational therapy referral had been made by the staff team, to ensure the staff, were supporting the person correctly.

People were actively involved in monitoring their own healthcare. For example, one person had been concerned about their mental wellbeing, so had asked to see a mental health professional. A referral had been made promptly by the staff team, which meant the person had been seen quickly.

People received an organised and co-ordinated approach to their health and social care needs. A consultant psychiatrist had written to the service to praise the staff for the "Wonderfully joined up care" they had provided to one person who had been living with dementia, but was reaching the end of their life. They told the service, "I so often see people suffering from dementia that are moved into hospital at the end of their lives, and end up in strange environment surrounded by machines and noises. It is really good to see joined up care such as you have all provided …enabling someone to die at home in a more peaceful environment". People's wellbeing was also seen as an essential part of someone's care. A recent staff discussion about the benefits of having pets around, had led to the service to sign up to a pet therapy charity.

People lived in a service which had been designed and adapted to meet their needs. Specialist equipment in bathrooms meant people could access baths, showers and toilets more easily. There was space in the service for people to spend time alone with their visitors and loved ones. The provider had taken into consideration people's diverse care and support needs when making changes to the environment, and listened to what people needed. For example, one person, who used a wheelchair, had told the provider they wanted to be able to get out of the building without having to ask a member of staff for assistance. So the provider knocked a wall down, in order to create a more suitable entrance, enabling the person to come and go as they pleased. When changes to the environment were carried out, it was explained to people so as not to cause them distress. For example, on the day of our inspection, there was building work taking place so one person had been supported to listen to a DVD through headphones, so as to reduce their anxiety and disturbance.

Outstanding ☆

# Is the service caring?

## Our findings

People were treated with kindness and endearing compassion by staff who truly respected and valued them.

Staff offered exceptional and distinctive care and support to people. For example, one person had been admitted to the service from their own home. The person had lived with their pet dog who they loved dearly. However, when the person came to live at the service, their family had found a new home for their dog, the person had been devastated. So a member of staff at the service had taken the time to find out where the dog had been rehomed and contacted the new owner. Arrangements had then been made for the new owner to bring in the dog each week to see the person. The dog visited weekly for a few months, which had made the person very happy. The person sadly passed away, however they died with their dog by her side.

People's emotional needs and support were compassionately recognised. For example, a befriender had been arranged for one person, who had been experiencing a feeling of sadness. Another person, who had been terminally ill, had had their wedding planned by the support of staff, and the reception held at the service. The person sadly died four weeks later. A wishing tree collage had been designed to help people talk openly and express their emotions. Some of the wishes included, "I wish my hand and leg to work again" and "I wish my granddaughters to become parents".

Staff displayed the upmost empathic and compassionate behaviour. A member of staff had observed one person not indulging in their afternoon tea and cake. So they sat with the person, and spent a long time breaking up the cupcake offering it to the person in small pieces. By the end, the person had eaten all of their cake and had drunk their tea. This member of staff, showed passion and great delight in the care they were giving, and had delayed their own tea break, to ensure the person received the support they deserved.

People were supported and given time to express their views so that those caring for them fully understood their wishes and preferences. One person was observed to become increasingly anxious about their daughter not visiting. So, staff spent a long time, listening, reading their written messages and reassuring the person. Eventually, coming to sit with the person to ease their ongoing anxieties and to offer comfort.

People were given explanations about their care. For example, a member of staff was observed to gently reassure a person in a very caring way, because they had been having a few falls, they needed to keep an eye on them to ensure they were safe. The person appeared grateful for the staff member's explanation.

People's histories and their special memories had been collated in a book entitled "Lords and Ladies of the Manor". This book had been created so people could share their memories of their present and past.

People's family and friends were warmly welcomed, with no visiting restrictions. When people did not have a family, or anyone to act on their behalf, advocacy services were appointed. People had a key worker. This was a member of staff who took time to know them well. The registered manager told us all the keyworkers had a "Granny or a Grampa", and that staff were expected to go the extra mile for them, such as shopping

and making sure their bedroom was kept tidy, and met with their wishes.

People's independence was respected in a compassionate, timely and appropriate way. For example, staff assisted one person to walk from their bedroom downstairs to have lunch. It took about 20 minutes for the person to slowly walk down to the dining room, with their walking stick, but the member of staff was most respectful, kind and afforded the person time, facilitating and supporting their independence.

People's privacy and dignity was promoted. Staff used their knowledge of equality, diversity and human rights to help support people with their privacy and dignity in a person centred way. People were not discriminated in respect of their sexuality. People's care plans were descriptive and followed by staff.

Staff, knocked on people's doors prior to entering their rooms, and covering people's body as much as they could when supporting them with intimate care. People were also supported discretely when they needed to use the toilet. However, the provider wanted to ensure practices relating to privacy and dignity were embedded into staffs practice. So told us in their PIR that within the next 12 months they would, "Monitor staff understanding of dignity in care by issuing questionnaires". This demonstrated the provider wanted to ensure privacy and dignity was at the heart of the service's, culture and values.

The registered manager and provider monitored the caring culture, by being present and visible within the service. The registered manager demonstrated a caring approach, and was a role model for staff. Reflective discussions took place with the staff team, helping them to positively question their compassion and approach.

Good

# Is the service responsive?

## Our findings

The registered manager carried out a pre-assessment of people's needs prior to moving into the service. This assessment was then used to create the person's care plan. People's care plans were person-centred. They detailed how they wanted their needs to be met in line with their wishes and preferences, taking account of their social and medical history, as well as their cultural, religious and spiritual needs. One person told us, "I enjoy the church visits from the vicar or his wife. People's care plans were reviewed on a monthly basis, or as people's care needs changed to ensure they were reflective of people's up to date care needs.

People received personalised care. One person had benefited from hydrotherapy prior to moving to the service. However, it was proving difficult to accommodate this treatment through external health services. So, the registered manager took action to train staff, so the person could still go. The registered manager told us staff had been so excited about the opportunity, they had offered to come in on their days off to take the person to the pool.

People's communication needs were effectively assessed and met and staff told us how they adapted their approach to help ensure people received individualised support. For example, one person was blind in one eye. Staff explained how they made sure they positioned themselves so the person could fully see them. Another person liked to communicate with staff, by writing things down in a note book. Staff took time to read the person's messages, and asked questions to ensure they fully understood what was being asked. The registered manager told us, important information, such as people's care plans or the complaints procedure could be produced in large font, brail or recorded if people required. People's individual communication needs had been considered when planning entertainment. For example, at Christmas a local school visited. Carols were sung and signed in British sign language, so people who were profoundly deaf could understand. Advocates were appointed to ensure people who were unable to effectively communicate, had their voices heard.

People had a call bell so they could ask for assistance. People's call bells were easy to use, and were answered promptly. For people, who were unable to use a call bell, staff checked on people frequently throughout the day, to ensure they were comfortable.

Overall people and their families told us they were opportunities for social engagement, comments included, "I just potter about and do word searches", "I enjoyed making the Christmas garland", and "My relative enjoys the Wednesday afternoons of dominoes, snakes and ladders and bingo". However, some people told us, "I would like it if we went out more" and "I'd like to do more". Staff also told us, they would like to see more social activities for people. The registered manager told us she had been aware of people's views, so a new activities person had been employed, and action was being taken to secure suitable transport, to enable people to go out on more social excursions.

People were supported to follow their interests. One person enjoyed colouring and another person had mentioned to staff they had enjoyed knitting in the past. So action was being taken to purchase knitting

needles and wool. People were asked their views and were involved in making special events their own. For example, people had been asked what they preferred to eat and do in the summer, and at Christmas time.

People's comments and complaints were viewed positively and used to help improve the quality of the service. One person had commented that the furniture in the entrance hall required replacing. So a new table had been purchased.

Despite people receiving a copy of the complaints policy with their contracts, people and families had told the provider they did not know how, or who to complain to. So the provider had listened to people's feedback and re-positioned the complaints policy in the entrance hall, making it easier for people to see. There had been no formal complaints made to the service, but if they did, the registered manager described how they would follow the complaints policy and make sure people were kept fully informed throughout the investigation. They explained they would act in an open and transparent manner, apologise and use the complaint as an opportunity to learn. Staff told us how they would support people if they wanted to complain, explaining they would ask the nurse or registered manager to come and speak with them. Advocates were also used when required.

People were supported at the end of their life to have a comfortable, pain free and dignified death by staff who had received accredited palliative care training. The service specialised in end of life care, followed the National Gold Standards Framework (GSF). The GSF is the UK's leading provider of training in end of life care for frontline staff, and is recommended by the Royal College of General Practitioners (RCGP). The service was also accredited with the local hospice. The staff worked collaboratively with external professionals, ensuring people received individualised palliative care and pain relief promptly.

People had a 'personalised nursing care plan for the last days of their life". This detailed essential health requirements, but also placed a strong emphasis on what people's wishes and preferences were. Incorporating their friends, family and their spiritual and religious requests. One family had taken time to write to thank the staff following the death of their loved one. "To all the wonderful staff at the Manor. Thank you so much for looking after my Mum…so well during her last months. It was such a comfort to know she was in such good hands. She always looked so comfortable. I found the last week particularly difficult myself, but it was made so much easier by all the kindness and support I received from everyone at the Manor. I can't thank them enough".

An end of life event had been held. People had got together to speak about their thoughts and fears about death and dying. A balloon release took place to acknowledge loved ones people had lost. The event was followed by a cream tea.

Following a person's death, a booklet was given to families, offering them advice on what to do next. People's families were given as much time as they required to be with their loved one. All families were warmly invited to return to the service, and were offered the opportunity to talk. One family member was now volunteering at the service, as they had told the registered manager that they "Wanted to give something back". The providers PIR detailed that within the next 12 months, "a registered nurse is going to take a course on bereavement counselling".

Good

# Is the service well-led?

## Our findings

People lived in an exceptionally well-led service, whereby the provider's caring values were embedded into the leadership, culture and staff practice.

The provider's statement of purpose laid out its vision detailing, "No one is excluded on grounds of their religion or culture. Above all we want our residents to feel that the Manor is their home and that they are part of our family". The vision was clearly embedded into the culture and practice within the service, stemming from the provider, to the registered manager, and to the staff. As a consequence of this, people looked happy and exceptionally well cared for.

The registered manager had a committed and passionate attitude about the service, the staff but most of all the people. They told us how recruitment was an essential part of maintaining the culture of the service, explaining they looked for caring qualities in potential new staff. They told us "It doesn't matter how desperate we are", the registered manager ensured they recruited the right people. One member of staff explained how the "family" and "caring" ethos of the service had become very apparent when they had arrived at the service, but also through the delivery and style of the interview.

Staff spoke of their love for the people they cared for, and their passion for working at the service. The registered manager told us staff gave up their own free time, to take people out for coffee or to the shops. The provider monitored the culture, by visiting the service on a monthly basis to speak with people and staff. To make sure they were happy. As well as asking their operations director to visit the service on a weekly basis.

People, relatives, external professionals and staff spoke positively about the leadership of the service. The registered manager had an open door policy advocating all staff could come and talk at any time. One relative told us, "The manager is lovely; she makes it so homely and friendly". The registered manager told us she felt supported by the provider and spoke positively about their commitment to the people living at the service, telling us for the provider, "It is not about the money".

People lived in a service which was monitored by the provider to help ensure its ongoing quality and safety. The provider's governance framework, helped monitor the management and leadership, as well as the ongoing quality and safety of the care people were receiving. For example, systems and process were in place to help such as, accidents and incidents, skin care, environmental, care planning and nutrition audits. Helping to promptly highlight when improvements were required. The provider held management meetings with the registered manager and operations director to discuss the ongoing compliance of the service, minutes of the meeting were produced, along with action plans. The completion of the action plan was reviewed by the provider and the operations manager on a month by month basis. This helped to ensure suitable progress was being made and/or tasks were completed. Managerial job descriptions ensured staff understood what their roles and responsibilities were, enabling managers to be held to account, if necessary. The provider's strategy for continuous improvement was obvious and by utilising people, staff and stakeholder feedback, the caring and compassionate nature and culture of the service was closely

monitored.

People were encouraged to be involved in the development of their service. People were asked for their views and opinions, by way of an annual questionnaire, and changes happened as a result of people's feedback. One person told us, they had asked for a different mattress, and because of the change they were now sleeping much better. An outside awning was being purchased for people to be sheltered from the sun in the summer months, because they had said it was too hot to sometimes sit outside on the patio. The registered manager told us, they had also tried to hold meetings, but people preferred to speak on a one to one basis. So the registered manager visited people on a daily basis to find out how people were and to seek out their feedback.

People lived in a service which was continuously and positively adapting to changes in practice and legislation. The registered manager was aware of, and had implemented CQC's changes to the Key Lines of Enquiry (KLOEs), and was looking at undertaking some research into the Accessible Information Standard. This was to ensure the service fully meet people's information and communication needs, in line with the Health and Social Care Act 2012. For example, they had already accessed more communication aids, such as picture cards and spelling charts.

The registered manager and staff team used innovative ways of involving people in developing outstanding practice within the service. Helping practices to be sustained over time, and to empower people's views to be heard. For example, their work to involve people with achieving excellence in end of life care demonstrated the provider's strong emphasis to engage, involve and develop a service with people. The registered manager also took into consideration ongoing research and reflective practice. For example, to help empower a person with their speech, an IPad had been purchased for them to freely use.

The registered manager kept their ongoing practice and learning up to date to help develop the team and drive improvement. They had taken time to create an end of life care plan. The care plan had been approved by the local hospice, and because of being exemplary, and had been shared with other professionals. The registered manager told us they enjoyed attending events such as the local manager's network. These helped to share best practice, experiences and to learn from each other. They told us of "all of the study days…we all bring something back to the service". For example, they had introduced a new care planning documentation for resuscitation and had adapted oral healthcare support for people.

People benefited from a registered manager who worked with external agencies in an open and transparent way and there were positive relationships fostered. During our inspection, the registered manager was observed to engage in a relaxed but professional manner, with visiting health professionals.

The provider and registered manager were open, transparent and admitted when things had gone wrong. This demonstrated their understanding and recognition of the Duty of Candour. The Duty of Candour means that a service must act in an open and transparent way in relation to care and treatment provided when things go wrong. The provider notified the Commission of significant events which had occurred in line with their legal obligations. For example, regarding safeguarding concerns, deaths and serious injuries.