

Barchester Healthcare Homes Limited

The Manor

Inspection report

Haydon Close
Bishop's Hull
Taunton
Somerset
TA1 5HF

Tel: 01823336633
Website: www.barchester.com

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

About the service

The Manor provides nursing care and accommodation for up to 86 people. It is arranged over two floors and divided into three units. Hestercombe on the ground floor provides care to older people and the two units on the first floor, Victoria and Vivary provide care to older people and working age people who have nursing care needs.

At the time of the inspection there were 49 people living at the service; this included six people who were staying for short term respite stays.

People's experience of using this service and what we found

People were mostly positive about the care and support they received, however, we received mixed feedback about staffing levels, especially from people living on the Hestercombe unit. The registered manager accepted the feedback and staffing was increased by one member of care staff on Hestercombe by the second day of the inspection. We have recommended the provider continues to monitor the deployment of staff across the service to ensure people received safe, effective and prompt care.

People told us they felt safe. Comments included, "I feel safe most of the time. They have got some excellent carers" and "I wouldn't change it for anything. The staff are excellent" Risks to people had been assessed and mitigated to help keep people safe. People received their medicines safely. Infection control processes protected people from the risk of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who were suitably trained and had their competencies assessed. People were supported in a respectful and dignified way and their privacy was respected, and their independence was promoted. The service employed a physiotherapist assistant. Several people spoke highly of the physiotherapist assistant's help and support.

People's care plans were individualised and reflected their needs and personal preferences. The service worked together with healthcare professionals to ensure people's health, care and wellbeing needs were met.

People were supported and encouraged to pursue activities and interests. An activities programmes was in place and people said they enjoyed a range of activities. The building design met people's needs and the building was fully accessible. The premises were bright and spacious with wide corridors and opportunities to connect with the outdoors.

Quality assurance processes were in place to monitor and improve the quality and safety of the care provided. The provider sought feedback to help drive service improvement. We received positive feedback about the registered manager and how the service was managed since their appointment. Comments included, "The manager will listen" and "You can talk to (the registered manager). I find her very nice". Professionals told us, "Until (the registered manager's) appointment the ship was somewhat rudderless... With the registered manager's appointment, we have found a responsive and effective manager who is clearly getting to grips with any issues and concerns and we have already made great progress".

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 21 January 2021).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Manor on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below

Good ●

The Manor

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors, a medicines 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.

Service and service type

The Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Manor is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority safeguarding team and quality assurance and contracts team. We used all this information to plan our inspection.

During the inspection

We met people who lived at the service and spoke with 30 of them about their experience of the care provided. We also spoke with nine relatives visiting the service during the inspection. We spoke with 13 staff, including the registered manager; regional director, nursing and care staff; maintenance and ancillary staff including cleaning staff and kitchen staff.

We reviewed a range of records. This included four people's care records and 13 medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including fire safety, maintenance records and a wide range of monthly audits were also viewed.

Following our inspection visits, we continued to seek clarification from the provider to validate evidence found. We looked at the information sent by the provider. This included quality assurance audits, minutes of staff meetings, staff training records, and the medicines management policy. We also received feedback from seven professionals who worked with the service and one relative.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- We received mixed feedback about staffing levels, and whether people's needs, and requests were responded to promptly, especially from people living on the Hestercombe unit.
- Comments from people included, "You wait too long to go to the toilet; can wait for hours"; "It (staffing levels) has improved, but there are not enough staff for the number of people" and "There is a lack of staff. The staff are hugely overworked". People explained the impact of staffing levels on their care and support; this included, waiting for help; not getting to activities or other engagements on time and not always being able to bathe or shower when they wanted to.
- A relative said, "We all are aware, there are times when staff are short and things are less than smooth but all staff in these circumstances work to ensure no detriment to the residents and to keep them informed as to what is happening".
- The provider used a dependency tool to determine staffing levels on each unit. This allocated three care staff and a registered nurse to Hestercombe unit for 24 people, eight of whom required two staff for safe moving and handling.
- Staff explained it was "hard work" when there were three care staff working on Hestercombe. Comments included, "It's not the number of people, but the care they need. It can be intense"; "We would like more time to spend with people" and "It is really busy in the morning trying to see to everyone".
- The registered manager audited call bell response times at various points during the month. The providers preferred response time was five minutes. From the audits, we could see most call bells were answered within this preferred timescale. Some were recorded as being over 10- minutes, in these cases the registered manager explored the reasons.
- The registered manager accepted our feedback from the first day of the inspection and staffing was increased by one member of care staff on Hestercombe by the second day of the inspection.
- The service had experienced challenges with the recruitment and retention of staff. There had been a high turnover of staff and use of agency staff. However, this had settled with the appointment of the registered manager. The use of agency staff had reduced significantly, and the service continued to recruit permanent staff.

We recommend the provider continues to monitor the deployment of staff across the service to ensure people received safe, effective and prompt care.

- The provider continued to operate safe recruitment practices to ensure only suitable staff were employed at the service.

Assessing risk, safety monitoring and management

- Risks to people, staff and the environment were generally safely managed. People told us they felt safe. Comments included, "I feel safe most of the time. They have got some excellent carers" and "I wouldn't change it for anything. The staff are excellent". A relative told us, "The nursing care is excellent, and effort is made to make (person) feel safe and well." Professionals' feedback included, "We found the service to be safe, well led and responsive" and "The staff were very engaged and invested when attending their multidisciplinary team meetings and the residents I met appeared content and well looked after".
- Risk assessments guided staff in how to manage people's care safely. They covered areas such as skin integrity, personal care, falls, and some health conditions such as diabetes. However, risk assessments and care plans relating to diabetes were not detailed as per the provider's policy guidance. These risk assessments and care plans would benefit from further development to ensure they were focused on clear actions and outcomes. This would include information such as the person's usual blood glucose range and what to do should blood glucose levels fall out of the normal range.
- Fire checks and drills were carried out and regular testing of fire equipment was carried out by external companies. We found two external fire doors on the first floor leading out to the fire escape stairs which did not alarm when activated. This meant people could be placed at risk if they exited the home through these doors as staff would not be aware, they had left the home. Immediate action was taken to add these doors to the daily checks of the maintenance person, a risk assessment was completed, and staff were reminded that they should not disarm the door alarm.
- Where actions were highlighted on an external fire risk assessment, completed in June 2021 the registered manager and head of maintenance had ensured all of the actions were completed.
- There were individual personal emergency evacuation plans for people in place to keep people safe in an emergency and staff understood these and knew where to access the information.
- Staff recorded maintenance issues in a book on each floor which was reviewed each day by the maintenance person and repairs undertaken.
- Legionella precautions were in place and regular checks of water temperatures carried out to ensure people were not at risk of scalds. Regular checks were undertaken to ensure windows were restricted, that wheelchairs and beds were safe.
- External contractors undertook regular servicing and testing of moving and handling equipment and electrical equipment to ensure people and staff member's safety.

Using medicines safely

- People received their medicines safely in the way prescribed for them. Staff had training and competency checks to make sure they gave medicines safely.
- Staff recorded on Medicines Administration Charts (MARs) when people's medicines were given. When medicines were prescribed on a 'when required' basis then there was person-centred guidance for staff as to when these should be given.
- People were supported to look after their own medicines if this was appropriate for them. Staff worked with people to help them manage their medicines in the way they preferred. Risks were assessed, and some procedures were improved during the inspection to ensure all support given was recorded.
- Creams and external preparations were recorded on separate sheets when they were applied. These had directions and body maps to guide staff where they should be applied. However, it wasn't always recorded when people declined to have these applied, and staff told us they were looking into the best way to improve this.
- There were suitable arrangements for storage, recording and disposal of medicines, including those needing extra security.
- Regular medicines audits were completed, and we saw that areas for improvement were identified and actions recorded.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from abuse and avoidable harm. People said they felt safe and staff treated them with respect and kindness. Comments included, "It is a pleasant atmosphere, and there is excellent care here" and "They (staff) are lovely people".
- Staff undertook training to help them to recognise and report abuse. Staff said they would have no hesitation in reporting any concerns or poor practice to the registered manager. They were confident action would be taken to protect people where needed.
- The provider and registered manager worked in line with the local authority safeguarding policy and procedures. Concerns raised were investigated and where required, the local authority and Care Quality Commission (CQC) had been notified.
- Feedback from professionals was positive with regards to safeguarding and included, "On the whole I have no reason to be concerned about the patient's safety" and "I have not seen any practice of concern. Staff are engaged and professional".

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely; the importance of wearing facemasks at all times was being emphasised to staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider had processes in place to report, record and monitor incidents and accidents. Reports were analysed by the provider and registered manager to identify any trends or wider actions necessary to minimise future risks.
- Any safety concerns or learning from incidents were discussed at the daily staff handover and heads of department meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last comprehensive inspection, we rated this key question requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- Improvements had been made in relation to the quality of food and the general dining experience for people. People were generally happy with the quality and choice of food on offer. Comments included, "The food is good, there is a choice at every meal"; "Food is good here. When I came here, the food wasn't great, but now it is very good" and "The food is very good, it is excellent". A relative commented, "The restaurant is a lovely place to eat and the kitchen provide a good nourishing variety of menus. My loved one is now on a special diet and they are providing them with every possible appetising dishes."
- People received the support they needed to manage risks related to nutrition and hydration. Care plans provided information about people's individual needs and preferences. This information was shared with the kitchen staff to ensure suitable meals were available.
- The meals served reflected people's dietary needs and preferences and looked attractive. Where required, people were supported by staff with meals. We observed staff followed instructions to ensure people were in the correct sitting position; that they had the correct equipment and were assisted at a pace that suited them.
- People's weights were monitored on a regular basis. Where a person's ability to eat or drink changed, staff consulted with health professionals. For example, speech and language therapists had been involved with people who had issues with eating and drinking. As a result, people were prescribed specific diets to reduce any risks, and staff followed the guidance.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Improvements had been made to ensure people were involved in their initial care needs assessment and developing care plans.
- Assessments had improved and gathered information about people's health, personal care, emotional, social and cultural needs. From these, more detailed care plans gave staff guidance about how to meet people's individual needs, wishes and preferences.
- Before people moved into the service, their care needs, and preferences were assessed with them and where applicable others involved in their care. This assessment helped to determine if the care home was suitable for the person and whether it could meet their individual needs and choices.
- Assessments showed the service took account of best practice guidance. For example, in relation to nutrition, prevention of falls and pressure ulcers prevention. Where preventative equipment was required to reduce the risk, for example, of pressure damage, this was in place. The service followed good practice guidance on oral care and hygiene. People's oral health care needs were assessed and reflected within their

support plan. People confirmed they were assisted, where needed, with their oral care.

Staff support: induction, training, skills and experience

- Staff had received relevant training to ensure their work practice supported people effectively.
- There had been an improvement in compliance with the provider's training programme since the last comprehensive inspection. Records showed 93% of staff had completed the provider's mandatory training, which included, safe moving and handling; fire safety; infection control and safeguarding. Where refresher training was required, this was being arranged.
- The provider information return (PIR), confirmed all staff received an induction when they started working at the service, which was aligned to the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Induction training also included staff shadowing a more experienced member of staff initially, to allow them to get to know people and what their like and dislikes were and their preferred routines.
- Staff felt supported by the training provided and by the registered manager. Comments included, "I've had all the training needed to support my own progress. The training and support have really improved. It is good" and "The intense induction prepared me for when we come on the floor".
- Generally, people expressed confidence in the staff's knowledge and skills. One person said, "There is excellent care here" and another said, "The staff look after us pretty well". Relatives and professionals told us, "I cannot fault the care that (my loved one) receives" and "The staff at the Manor are helpful and responsive to our recommendations and requests".

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported by staff to manage their healthcare conditions and needs, and they had access to a variety of health care services and professionals. Staff monitored people's on-going health conditions and made sure they attended health appointments. They worked with local GP's to ensure people accessed other healthcare services as needed, such as speech and language therapy; specialist nurse services and mental health services.
- A relative told us how impressed they had been after staff quickly identified their loved had an infection. They said, "I had been with (person) a couple of hours previously and hadn't noticed the signs". Another relative said, "I cannot fault the care that (my loved one) receives...nothing is too much trouble and any requests are met in order to keep them comfortable and happy".
- Feedback from professionals involved with the home was complimentary. They told us about the improvements at the service under the new registered manager. Comments included, "Since the new management came into post a few months ago, The Manor has been a lot more engaging with ourselves as health professionals as well as the GP surgery they are aligned with"; "Communication was responsive and I was provided with updates etc quickly" and "The staff are helpful and responsive to our recommendations and requests. The nurse in charge is approachable and supportive of CHC assessment processes."

Adapting service, design, decoration to meet people's needs

- The service design met people's needs. The building was fully accessible. We observed people moving around the building independently using wheelchairs or other equipment. They were assisted by ramps and a lift to the first floor.
- The premises were bright and spacious with wide corridors and opportunities to connect with the outdoors. There were several seating areas, where people could meet with their visitors. There were refreshment stations in reception and on the ground and first floors, which enabled people and visitors to help themselves to a variety of drinks and snacks.
- Furniture, equipment and decoration were in a good state and looked after. People could personalise

their own rooms and brings items from home that were important to them.

- There was an effective maintenance schedule and a significant refurbishment programme for parts of the first floor.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. People were asked for their consent before staff assisted them. For example, we heard staff asking people if they needed any help and asking for their consent before providing care.
- Staff had a good understanding of the MCA. They identified when people had capacity and involved them in making decisions about the care they received. For example, one person had agreed to have bed rails but did not want to use the protective covers. Staff had supported the person in this decision and put in place actions to mitigate any risks this might pose.
- Staff knew how to help people to make decisions if they did not have the capacity to make a decision for themselves. When a person lacked capacity to make a decision, a best interests decision was made on their behalf.
- Some people's relatives had the legal power to make decisions on their behalf. Best interests decisions had been made with appropriate people when decisions needed to be made in people's best interests.
- Appropriate applications had been made to the local authority to deprive people of their liberty in line with DoLS procedures.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last comprehensive inspection, we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care; Ensuring people are well treated and supported; respecting equality and diversity

- At the last comprehensive inspection people were not always included in making decisions about their care and they felt they were not always listened to by staff. At this inspection, overall, people told us staff treated them with kindness and were caring, and their requests were listened to. Comments included, "The best thing, the staff. They are the best you could ever have; they would do anything for you"; "The staff are all very kind" and "We laugh a lot with the staff. It's a good nursing home, if you want good care". Two people said they found communication with overseas staff difficult at times due to language issues. However, one added, "We have got to know each other and become friends".
- Most people were able to confirm they had been involved in developing their care plans and were involved in decisions about their day to day care and support. Relatives also confirmed they were informed of any changes to their loved one's health and they were involved in the support provided. Some people could not remember their care plans being discussed with them, however records showed regular reviews were carried out.
- People were treated equally, regardless of age gender or disability. Staff treated people as individuals and knew them well. Staff interactions with people were respectful. They used people's preferred names and there was gentle banter, jokes and laughing. One person said, "They (staff) make my day! They are jolly and always helpful". Another said, "The atmosphere is cheerful, helpful and compassionate".
- A relative commented, "The staff care for my (loved one) is excellent and they now say how content they are despite their difficulties." Professional's comments included, "Staff are caring in their response to the residents"; "The staff have a good understanding of their residents needs and wishes and from the support I have seen provided, are very person centred in their approach and the residents seem well cared for as a result of this" and "The residents I met appeared content and well looked after."

Respecting and promoting people's privacy, dignity and independence

- People were supported in a respectful and dignified way and their privacy was respected. Where required, staff supported people to have personal care provided in the privacy of their bedrooms and bathrooms. We observed staff knocking on people's doors before entering, although there was one occasion when this did not happen. A professional commented, "I see how they (staff) interact with the residents and how the residents respond to them and feedback from residents is positive".
- People looked well cared for and staff were attentive to their appearance. For example, people wore their preferred clothes and jewellery; staff were quick to assist people where they needed help to change clothing.

- We discussed two people's wish to be offered a bath more frequently with the registered manager, which they agreed to follow up.
- People were supported to be as independent as possible. The service employed a physiotherapist assistant. Several people spoke highly of the physiotherapy assistant's help and support. They described how they had improved their mobility and confidence with their help. Comments included, "The physio is a great help" and "I am working with the physio most days now and feel my confidence is growing." The physio assistant ran regular exercise sessions to help people maintain core strength and mobility. We saw two sessions during the inspection that were well attended and enjoyed by various groups of people.
- Where religion was important to people, staff helped them to continue to practise their faith through regular services.
- Confidential information was held securely, and information was shared appropriately and sensitively.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last comprehensive inspection, we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At the last comprehensive inspection, we found the quality of information and personalisation within care records varied. Some people had not had the opportunity to express their views and be actively involved in their care, treatment and support.
- We found improvements had been made to the care records, which were more personalised and provided guidance to staff about the level of care and support each person needed, and in the way they preferred.
- Most people could remember discussing care needs and preferences with staff, although some could not. One person said, "I have a care plan. It was reviewed a couple of days ago".
- Nursing staff confirmed people and/or their relatives were involved in an initial assessment of needs and preferences and the development of care plan. During the inspection we saw one nurse speaking with a person about their care needs while reviewing a care plan. A health professional told us, "Care plans are appropriate and personalised".
- Staff understood people's health and care needs and how to support them. Any changes to people's health or needs were discussed daily during shift handover and at the 11am senior staff meeting. This helped staff identify any further support people might need to ensure they stayed well.
- Professionals said the service was responsive and gave examples of the joint working and good outcomes for people. For example one commented, "They were able to facilitate a quick respite for a (person) needing urgent respite and the (person) fed back they felt welcomed and comfortable there even for a short period of time"; another said, "The staff have always been responsive to my requests for visits. They have been helpful and pleasant. They have on the whole responded to information asked of them".

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's records included information about how they communicated, any aids they may need to improve communication and guidance for staff in how to communicate effectively with them.
- The registered manager confirmed documents could be made available, where required, for people in accessible formats, such as larger print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported and encouraged to pursue activities and interests. An activities programme was in place and displayed around the building. People told us they enjoyed a range of activities, including baking, quizzes, exercise classes and arts and crafts. Special events were organised, such as coffee mornings, garden parties and BBQs. The service also had access to a minibus, which was used for regular trips to local places of interest. Comments included, "There are lots of good activities", and "There is something going on most days. I join in when I want to". A relative told us, "The activities team provide varied sessions of things to do every day and make residents feel part of a happy community. The gardens are a great resource and every opportunity is made to be outside if you wish". A professional commented, "I have seen staff participating in activities with residents, these residents are always smiling and seem content at The Manor".
- Several other activities of interest to individuals were supported, for example gardening and visits to the local county cricket ground for evening matches. One person had previously worked with wood. To help support them with their woodwork activity, staff set up an area in the greenhouse in the garden, where the person could renovate the garden furniture. The person renovated the furniture by sanding and varnishing. The person was very proud of their work.
- People were supported to stay in touch with people who mattered to them. Visitors to the service were welcomed and throughout the inspection we observed family members visiting their relatives. People had access to WIFI which supported the use of 'smart' mobile phones and laptops to help people keep in touch with family and friends.

Improving care quality in response to complaints or concerns

- An appropriate complaints procedure had been developed with clear guidance for people who wished to raise a concern or make a complaint. However, prior to the inspection concerns were raised with us by a relative. They had submitted a formal complaint and were waiting for a response from the provider.
- The registered manager reviewed, investigated and worked to resolve any concerns or complaints to help improve care in the service.
- Overall, people and their relatives said they were confident any concerns or complaints they made would be listened to and acted upon. One relative explained how the registered manager worked with them to resolve some concerns. They added, "This (concern) has been immediately investigated and dealt with."

End of life care and support

- No one was receiving end of life care at the time of this inspection. However, people's wishes regarding their end of their life care were discussed with them and/or their family when they felt able to talk about this sensitive subject.
- Treatment Escalation Plans (TEP) were in place, which recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in advance, so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice.
- Anticipatory medicines were available to people receiving end of life support. Anticipatory medicines are prescribed by a GP in advance so that the person has access to them as soon as they need them. This meant people would have access to the medicines they needed to manage symptoms such as pain should their condition deteriorate quickly.
- The registered manager and staff had received several cards and letters from relatives complementing them on the support they had provided to them and their loved one during the most difficult of times.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Since the last inspection, there had been a change of leadership and the service had been without a registered manager for several months. People, staff, relatives and professionals described this as a difficult and unsettling time.
- A new manager was registered with the Care Quality Commission in September 2022. The registered manager was visible in the service. People, relatives, professionals and staff told us the registered manager was approachable and took a genuine interest in what people, their families and staff had to say. Comments included, "The manager will listen" and "You can talk to (the registered manager). I find her very nice". Relatives said the registered manager was available should they need to speak with them. One told us, "Nothing is too much trouble".
- Staff and professionals described the positive impact since the registered manager's appointment. Staff said communication; staffing, culture and morale had improved greatly. Comments included, "I have lost count of the number of managers here. Things are so much better now with (the registered manager)"; "(The registered manager) is a great manager; we have a fantastic team and we are all working well together now" and "It was a difficult time previously with other managers, but so much better now. (The registered manager) will listen, we can speak freely. Staff are now feeling more valued...now it's great".
- Professionals told us about improvements, comments included, "Until (the registered manager's) appointment the ship was somewhat rudderless with temporary management structures and a lack of continuity. This resulted in some frustration in the communications. With the registered manager's appointment, we have found a responsive and effective manager who is clearly getting to grips with any issues and concerns and we have already made great progress" and "The home has been unsettled due to management changes, however we have found the current manager approachable and supportive".
- At daily handover and staff meetings the registered manager discussed with staff any changes to people's health and wellbeing, how best to support individuals, and reviewed any incidents, accidents, complaints or safeguarding concerns. Staff demonstrated an understanding of their roles and responsibilities and contributions to the service.
- The registered manager and provider undertook regular quality assurance audits and checks to monitor the service and keep people safe. These included checks on people's medicines, health and safety, infection control and the way risks were managed. Any issues identified were shared with the team and action was taken to address these.
- Due the management changes, expected external and contractual quality compliance audits had not been completed. The local authority told us the provider had not submitted the expected quality monitoring

when required. The registered manager was aware of the need to complete these important audits and was working with colleagues from the local authority.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was developing an open, honest culture. Overall, people told us they were happy at The Manor. Comments included, "The staff are really good to me. I can talk to them"; "I feel at peace, I feel secure and very happy here" and "I couldn't be happier". Comments from relatives included, "Overall this is a good community to be in and we would give it nine out of 10" and "Staff are always jolly, bright and the morale is amazing".
- Staff told us they felt part of a team that was committed to providing good quality care. Comments included "The management is much better now. Before we were struggling. Now we have a voice and can do a job the way we would like to have our family treated. We can speak with (the registered manager). She listened to us and our suggestions. It is much more relaxing here now" and "The registered manager works on the floor with us; she organises staff nights out and staff team building. We now have monthly residents' meetings. There have been lots of improvements. She has had a good impact".
- Professional's also commented on the changes within the service and the positive impact for people. Comments included, "The staff seem to be more content and have spoken positively about (the registered manager), with improved recruitment and retention and they feel more supported. We have had positive feedback from relatives to this effect too" and "Staff are extremely caring, and they know their residents well. I see how they interact with the residents and how the residents respond to them and feedback from residents is positive".
- The registered manager conducted daily meetings to review the clinical requirements for the people at the service. By doing this, the registered manager reported there had been a general reduction in falls, hospital admissions, infections and wounds.
- Every day, the service had a 'Resident of the day', which was used to ensure people were offered a meaningful opportunity for a care review and to feedback on the service provided. As well as a focus on their clinical care, the day was also a chance to make them feel extra special. People met with the chef to discuss their likes and dislikes. Their bedroom was checked to ensure it was clean and comfortable and that any equipment was in good working order. It also afforded one to one time to discuss any wishes with regards to activity.
- The provider and registered manager understood their responsibilities to be open and transparent with people and their families when something went wrong. Relatives said they were informed of incidents involving their loved ones and were kept informed of any matters arising as a result.
- The registered manager notified Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and registered manager regularly sought people's views about the care and support provided. Annual satisfaction surveys were used to obtain feedback from people living at the service and their family and friends. The 2022 survey was currently out with people to complete. The registered manager shared a sample of those already returned. Scores were generally good. Comments included, "We have had a lot of ups and downs with management over the years. There have been some very difficult times... However, since the manager has arrived things are much more stable. The nursing and care staff are brilliant" and "My (loved one) is very happy in the home and enjoys their time there".
- The registered manager planned to review the full satisfaction report once collated and ensure that an

action plan was in place to address any areas for improvement identified in the surveys. The registered manager's aim was to work collaboratively with people, relatives and staff to continuously improve safety and people's care experiences at The Manor.

- Monthly resident's meetings were held, which provided people with an opportunity to discuss the service, care and support, food and activities. One relative said they would be interested in the vision and culture of the service and did not feel that they had been consulted about this.
- Staff meetings were held, which gave staff the opportunity to raise issues and make suggestions. Staff said they could make suggestions and they felt listened to.
- The provider used a "You said, we did" approach. A notice board in hallway gave feedback about actions taken in response to feedback. For example, people said they would like more outings; more choice on the menu and more activities in the morning. In response, more trips were being planned on the minibus; the menu had been changed and the activities programme had been reviewed.

Working in partnership with others

- The service worked well with external professionals and agencies. They took on board advice from other health professionals to review and improve care. One professional commented, "Our recent meetings with the registered manager and subsequent response from the team to developing better communications systems has been exemplary".