GCH (Midlands) Ltd

Manor House

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Good** ●
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Outstanding** ☆
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

This unannounced inspection took place on 27 September 2017. Manor House was previously registered under the provider name of Gold Care Homes (Manor House) until May 2017. At this time the provider notified us to tell us that they were re-structuring the organisation and the provider name changed to Gold Care Homes (Midlands) Ltd. This meant that the provider had re-registered some of its locations, including Manor House under this new legal entity making this inspection their first rating inspection at this location since they re-registered with us in May 2017. However, no other changes had been made at the home; the registered manager and the running of the service had remained consistent. Therefore we used the information we hold about the inspection history of this location to guide and inform our inspection planning.

At the time of our last comprehensive inspection in June 2015, the home (under the previous provider name) was rated as 'Good'. At this inspection we found that the registered manager had continued to develop the service in order to excel the good standards of care provided to people and we found that some aspects of the service were outstanding.

Manor House is a residential care home that is registered to provide accommodation for up to 37 people who require support with their personal care. At the time of our inspection, there were 36 people living at the home.

There was a registered manager in post in accordance with the conditions of their registration with us. 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 living at the home were extremely happy with the service they received because they felt very safe, comfortable and respected by the staff that supported them. People felt valued by the staff and were involved in all aspects of their care as well as the running of the service. People felt that their opinions were listened to and respected; it was clear that the registered manager encouraged people living at the home to be in control of their own lives and their home environment. Care was personalised and staff treated people as individuals with the utmost respect; they were exceptionally kind, caring and compassionate, making all interactions count. People were supported and inspired to maintain their hobbies and interests because staff took the time to get to know them and encouraged people to engage in activities that were meaningful to them. People were supported to maintain valued contact with people who were important to them. Staff built trusting and supportive relationships with people and their relatives. All of which contributed to ensuring people received an excellent caring service.

Meal times at the home mirrored a social event where people were supported to eat food that was freshly prepared, well-presented and that met their dietary requirements all in accordance with people's likes,

dislikes and preferences. People received the right level of support to both maintain their independence but also to meet their needs discreetly whilst eating. There was a relaxed, calm and social ambience within the home which promoted people's comfort and well-being.

People felt safe living at the home and enjoyed the security of the staffs' presence without feeling unduly restricted in any way; people were supported to feel at home. Staff knew how to keep people safe from the risks associated with their health and care needs and the provider had ensured that there were enough members of staff available, who had been safely recruited to meet people's needs. This meant that people received the care they required when they required it, including their prescribed medicines.

People were protected from abuse and avoidable harm because staff had received training and had the knowledge and skills they required to do their job effectively. Risk assessments and management plans promoted people's safety within the home.

People's abilities to make decisions were assessed and care and support was provided with their consent. Where people lacked the mental capacity to consent to their care, people's rights were protected because the provider ensured that key processes had been followed so that people were not unlawfully restricted and that decisions were made within their best interest. These decisions were made in consultation with other professionals involved in their care as well as with friends and relatives, making sure that all relevant persons were involved in meeting people's needs safely and effectively. People were supported to maintain good health because staff worked closely with other health and social care professionals when necessary.

People felt involved in the planning and review of their care as well as in the running of the home because they were encouraged to offer feedback on the quality of the service. People were continuously consulted and felt influential in any decisions made within the home to drive constant improvement. People knew how to and felt comfortable raising a complaint and felt that they would be listened to and action would be taken quickly and effectively.

The provider had staff appreciation initiatives to recognise staffs' commitment, dedication and contribution to the delivery of a high quality and safe service. Staff felt supported and appreciated in their work and reported the management team to be approachable. The management team had effective systems in place to continuously and consistently assess, monitor and proactively promote the quality and safety of the service. The management team were dedicated and committed to doing all that they could in accordance with current best practice to ensure the service was the best it could be for the people living at the home. They were well organised and led by example acting as role models for other staff. The registered manager ensured that all information required was comprehensively detailed and accessible to guarantee their compliance with the requirements of their registration.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of abuse and avoidable because staff were aware of the processes they needed to follow.

People were supported by enough members of staff, who had been safely recruited to meet their needs.

People received their prescribed medicines as required.

Is the service effective?

Good

The service was effective.

People received care from staff who had had the knowledge and skills they required to do their jobs effectively.

People received care and support with their consent and people's rights were protected because key processes had been fully followed to ensure people were not unlawfully restricted.

Meal times at the home mirrored a social event where people were supported to eat food that was freshly prepared, well-presented and that met their dietary requirements.

People were supported to maintain good health because staff worked closely with other health and social care professionals when necessary.

Is the service caring?

Outstanding ☆

The service was very caring.

People received an outstanding service from staff that were extremely kind, caring and compassionate.

People were treated with the upmost respect and were provided with personalised care that recognised them as individuals.

People were supported to make choices in all aspects of their lives, including the home environment in which they lived.

People's independence was promoted and where needed support was provided discreetly so that people's privacy and dignity were maintained.

People's relationships with their friends and relatives were valued and the importance of these relationships was understood by staff.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People felt fully involved in the planning and review of their care because staff communicated with them in ways they could understand and involved their loved ones where appropriate.

People were actively encouraged to offer feedback on the quality of the service and were continuously consulted so that they felt influential in how the home was run.

People were supported and encouraged to engage in activities that were meaningful to them and to maintain positive relationships with people that were important to them.

Peoples individual differences were respected and celebrated within the home to ensure that care was person-centred but also provided in accordance with the Equality Act.

Is the service well-led?

Outstanding ☆

The service was very well led.

The provider had consistently and reliably met the requirements of their registration because they had notified the relevant agencies, including CQC of information that they are lawfully obliged to share.

The provider had staff appreciation initiatives to recognise staffs' commitment, dedication and contribution to the delivery of a high quality and safe service.

Staff felt supported and appreciated in their work and reported the management team to be approachable.

The management team had effective systems in place to continuously assess, monitor and proactively promote the quality and safety of the service.

Manor House

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 27 September 2017. The inspection was conducted by one 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. The Expert by Experience involved in this inspection had experience of caring for an older relative who used regulated services including care homes.

We looked at the information that we hold about the service prior to visiting the home. This included notifications we had received from the provider that they are required to send to us by law, including safeguarding alerts. We also looked at information that the provider had sent to us in their Provider Information Return (PIR). A PIR is a pre-inspection questionnaire that we send to providers to help us to plan our inspection. It asks providers to give us some key information about the service, what the service does well and any improvements they plan to make. We contacted service commissioners within the local authority who are partly responsible for monitoring the quality of the service and funding for people who use the service to ask them for their feedback on how people are cared for at Manor House. We also liaised with Healthwatch to see if they had received any information about the service. Healthwatch are an independent consumer champion who promote the views and experiences of people who use health and social care services, such as care homes, hospitals, GP services and dentists.

We spoke with nine people who lived at the home and with five people's relatives. Some of the people living at the home had complex care needs and were unable to tell us about the service they received. Therefore we used a tool called the Short Observational Framework for Inspection (SOFI) coupled with general observations within the care home to see how care was delivered to people. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five members of staff including the registered manager, the deputy manager, a senior care assistant, a care assistant and a domestic. We received feedback from professionals who visited the service

during our inspection including a community mental health nurse, a social worker and a podiatrist. We reviewed the care records of three people to see how their care was planned and looked at the medicine administration records of seven people to check the safety of medicine administration practices. We looked at training records for staff and at three staff files to review recruitment and staff development processes. We also looked at records which supported the provider to monitor the quality and management of the service, including health, safety and quality audits, medication administration audits, accidents and incident records, compliments and complaints.

Good

Is the service safe?

Our findings

People we spoke with told us that they felt safe and secure living at the home. One person told us, "I feel so safe here; I could lock my bedroom door if I wanted to but I have never felt the need". Another person said, "I like being here because I feel much safer than when I was at home alone. If I were to have a slip or fall here, there are people around to help me; which gives me much more confidence to move around". Other people we spoke with consistently told us that the staff checked on them regularly both during the day and at night to ensure that they were okay. They told us that this gave them reassurance and made them feel safe living at the home. A relative we spoke with told us, "Staff are always looking out for people to try and make sure they are safe and secure". Throughout the inspection we saw that people looked relaxed and comfortable in the presence of staff. Staff concerned themselves with the safety and well-being of people at all times; encouraging them to be as independent as possible whilst providing support and assistance where required. Our observations were verified by people and relatives we spoke with who confirmed that this was the general practice within the home. One relative we spoke with told us, "I feel confident that he [person] is safe and very well cared for whilst being able to stay as independent as possible".

All of the staff we spoke with felt that people were kept safe at the home and knew what action to take to reduce the risk of abuse and avoidable harm. One member of staff told us, "We have a lot of training on safety, including health and safety and safeguarding training. The main thing is that we get to know people well and so we know if there are any changes or a person does not seem themselves. If I was concerned, I would speak to the person first if I could but would always report it to a senior [carer] or the manager; they would definitely do something about it but I would take it further myself if I had to". Another staff member said, "There are posters and information leaflets in the staff room about who we need to contact if we are concerned but I am confident that the manager would act if I told them; he is very good at his job". We saw that staff had received safeguarding training and they were knowledgeable in recognising signs of potential abuse; staff knew how to escalate concerns about people's safety to the provider and other external agencies as directed by the safeguarding policy.

Records we looked at and information we hold about the service, showed that where safeguarding alerts had been raised these had been reported to and investigated with the relevant authorities. We spoke with a social worker who was visiting the home to investigate a recent safeguarding referral that they had received. They told us that they were confident that the registered manager and the staff had responded appropriately in order to promote the safety of the person concerned and the family were pleased with the outcome of their actions. The registered manager was able to articulate their understanding of their role and responsibilities within this process and was aware that they had a legal obligation to report any safeguarding concerns to the local authority and to notify CQC. Records we looked at confirmed that the information we held was an accurate reflection of the safeguarding practices within the home.

Staff we spoke with and records we looked at showed that risks associated with people's health and well-being had been identified, assessed and included within their care files. These included some of the risks that were specific to their care needs and staff used this information to enable them to meet people's needs safely and efficiently. For example, we saw that one person was at risk of self-harm due to a decline in their

mental health. This had been risk assessed with support and advice sought from the person's community mental health team to ensure staff knew of the best ways to support this person in order to manage these risks. One member of staff said, "All the information we need is usually all in the [care] files, but to be honest most of the staff have been here a long time and know people really well, so tend not to rely on the records so much; but the care files are all readily accessible if we need them for anything". Staff we spoke with had a good understanding of peoples care needs and any associated risks. Information staff told us about people, enriched the information that was available in care files. This meant that staff had taken the time to get to know people at a deeper level than the information they had about them. We discussed this with the registered manager at the time of the inspection, who recognised that changes to the format of the forms used, meant that some of the care plans were not as personalised as they used to be. They said, "We will feed this back to the provider and ensure that all relevant information is available but also more personalised and specific to individuals".

Everyone we spoke with was confident that there were always enough staff available to meet people's needs. One person said, "There's always someone around if you need anything". Another person said, "I have a buzzer and if I need anything I can press that and the staff come to assist me". A third person said, "I rarely press by buzzer, so when I do, they come running; it's very good". A relative we spoke with told us, "We are happier now she is here because we know someone is there if she needs them". Observations we made, confirmed that people were well supported by the numbers of staff that were on duty. The manager told us that shifts were organised so that staff were deployed with specific duties to ensure that all areas of the home and every aspect of care was met on a daily basis. This included personal care, food and hydration as well as activities and any domestic tasks. We saw that a new buzzer alert system had been installed so that staff could see who required assistance and where, more efficiently, which allowed them to respond to people's needs quicker. We noted that call alarms were answered without delay during our visit.

Staffing rotas and dependency tools that we looked at showed that the provider had taken in to consideration people's varying levels of needs and that staffing levels were reflective of these. This was consistent with the information that had been provided to us in the Provider's Information Return (PIR) form. The registered manager told us that they were given a budget for staffing levels by the provider based on their dependency levels. They told us that this was generally an accurate reflection of the staffing needs of the home but that if additional needs were justified, these staffing levels were negotiable with the provider which would be accommodated. Staff we spoke with did not raise any concerns about the staffing levels in the home. One member of staff told us, "We are well staffed here". Another staff member said, "The staffing levels are good; we get time with people on a one to one which is nice; it's never rushed here". One person we spoke with confirmed this and said, "The staff are sometimes very busy but will always find time to have a quick chat and check I am okay".

Staff we spoke with told us they had completed a range of pre-employment checks before working with people unsupervised. One member of staff we spoke with told us, "The recruitment was very thorough; the interview was surprisingly hard actually, they asked me lots of questions which were all focussed on people which was good". They went on to tell us that the provider had asked them for proof of identity, employment references and had undergone a Disclosure and Barring check (DBS). The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care. Records we looked at confirmed this.

We were told that all of the people living at the home required support to take their medicines and that only senior care staff administered medicines within the home. People we spoke with told us that they received their medicines as prescribed and when required. One person said, "I do have to take medication and they [staff] always bring it to me regularly, it's never any problem". Another person told us, "The carer looks after

my medication and brings it to me wherever I am". A visiting professional explained to us that one of the main concerns they had for one of the people they were involved with supporting was the safety issues they had had in managing their own medications at home. They told us that this person was initially reluctant to accept help in this area but with the support of the manager and care staff, they were now happy for staff to oversee their medicines in order to keep them safe. They said, "It's good because all of the 'risky' medicines are taken care of by the staff but they still have some autonomy with things like Gaviscon so they don't feel they are completely out of control". We saw staff administered medicines to people safely and effectively during our visit. People were asked for their consent before being supported to take their medicines and staff informed people about what the medicines were for if they did not already know. Some people were given the choice of whether or not they wished to take certain medicines, such as pain relief which had been prescribed on an 'as required' basis.

We looked at how medicines were managed which included checking the Medicine Administration Record (MAR) charts for seven people. On the whole we found that medicines were administered to people as prescribed. However, for some people who were prescribed medicines on an 'as required' basis (PRN), we found that supporting information was not always available to support staff to make a decision as to when and sometimes how to give the prescribed medicines. This information is particularly important for people who are unable to tell staff if or when they require the medicines, such as for people living with dementia. Furthermore, for one person, we saw that they had received two of their medicines that were prescribed on an 'as required' basis, regularly at the same time each day. We discussed this with the deputy manager who explained to us that they believed this was a recording error on the prescription and MAR chart because this person had been taking these medicines regularly in this way for a long time. We did not see any evidence that this had been identified by the provider's medicine auditing systems or that it had been followed up with a GP or Pharmacist for further advice or assurance. We asked the manager to check this with the persons GP to ensure this person was receiving their medicines as prescribed. Following our site visit, we were sent written confirmation from the GP to advise that it was acceptable for this person to take these medicines regularly and the prescription was re-written. Therefore, there was no impact on this person on this occasion. Nevertheless, the manager recognised the importance of ensuring that medicines were administered as prescribed in accordance with the instructions on a MAR chart and that where there was any uncertainty around this, advice and clarity should be sought from the prescribing health care professional or dispensing pharmacist. Following our inspection we received information from the registered manager to show that all medicines had been checked and audited to ensure that no-one else had been effected by this issue.

We saw that medicines were stored securely within locked medicine trolleys which were secured to the wall when not in use. The recommended temperature ranges for safe medicine storage were monitored, which included refrigerated medicines. Some medicines had short expiry dates such as liquid medicines and eye drops; we found that arrangements were in place to ensure that medicines with a short expiry were discarded when the expiry date was reached. We saw that there were processes in place to ensure that any unused medicines were disposed of appropriately and systems were also in place to identify missed medication promptly. For example, regular counts of medicines were made for accuracy checks which made it easy to check that people had been given their medicines as prescribed. The provider also reported to have a good rapport with the local pharmacy which helped them ensure that people received their medication when they needed it.

Good

Is the service effective?

Our findings

People we spoke with, observations we made and records we looked at showed that staff had the knowledge and skills they required to do their job safely and effectively. One person told us, "I have no concerns that the staff are not well trained. I watch them and they seem to have a good understanding of everything". A relative we spoke with told us, "There are no concerns because all of the staff seem very able and I am confident that they are appropriately trained to care for [person]". A visiting professional told us that they were confident that the staff were well skilled and supported to ensure they could care for people safely and effectively. Staff we spoke with were complimentary of the induction process and on-going training provision. One member of staff said, "The induction was very good; it covered all of the necessary stuff and more; I have been working in care for eight years but this is the first time I have had hoist training as part of the manual handling training". They told us that they were aware of the provider's expectations with regards to training compliance and that they would need to do refresher training in most topics every year. Another member of staff told us that if additional training was needed in response to particular incidents, specific health conditions or staff professional development requests, that these were facilitated. For example, staff we spoke with and records we looked at showed that the registered manager used themed months to promote learning, development and awareness opportunities within the home which are open to staff, people living there and their relatives. Within the Provider Information Return (PIR) pack that we had received, the registered manager explained that staff training is an on-going programme that is committed to promote a workforce that are dedicated to provide a high quality service.

Dementia awareness had been the topic for August and that the Mental Capacity Act was the focus for September. Observations we made around the home and of staff practices showed us that learning was transferred in to practice. For example, one member of staff explained to us that people with dementia see things differently because of changes to their visual perception. For this reason, they showed us that they now had yellow signage (as primary colours are usually the last to be affected) complete with pictures and lower case lettering to ensure that people living with dementia could navigate themselves around the home more freely, knowing where it was they were going to.

The home environment benefitted from clear signage and orientation aids such as clocks that displayed the day, time, month, year and season. There were also areas of the home that promoted sensory and occupational engagement, such as quiet space and 'fiddle boards' [display boards with objects of interest that provide different sensory experiences for people]. We saw that people had pictures of either themselves or things of interest complete with their names outside each of their rooms so that they could recognise their room through personal and meaningful memorabilia. This meant that the environment supported people living with dementia to find their way around with greater ease, promoting their independence. Staff told us that this also provided them with a quick reference of each person's interest in order to engage in meaningful conversation and engagement, for example, if they were new to the home.

Staff we spoke with told us that they received regular one to one meetings (sometimes termed 'supervision') with their line manager and felt supported in their work. One member of staff said, "We have supervision every six weeks; I find this a very supportive process because it gives me an opportunity to raise any queries

or concerns that I have but also to get some feedback on my work". Another member of staff told us, "We have regular supervision and staff meetings; we do feel listened to". We were also told by the registered manager which was confirmed by staff we spoke with, that the implementation of training in to practice was also monitored during observations, supervisions and appraisals.

We found that the provider held regular team meetings with staff. The outcome of these meetings were displayed in communal areas of the home on a 'you said, we did' board and minutes from these meetings were also recorded and made available to staff. One member of staff told us, "You can see that action is taken on what we say; for example, we wanted new uniforms and now we have them". Another member of staff said, "We are kept up to date with things that go on; it's very good".

People we spoke with told us that care was provided with their consent. One person told us, "They [staff] are very respectful; they are always making sure we are ok and it's always on my terms; I get up when I want to, go to bed when I am ready to, choose my own clothes, put make-up on, all to please myself". A relative we spoke with said, "Staff are very respectful of choice and never put pressure on people to do anything they don't want to". It was evident from observations we made and when speaking to the registered manager and the staff, that they had a good understanding of the Mental Capacity Act 2005 (MCA). The MCA 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff we spoke with confirmed that they had received training on the Mental Capacity Act (2005) and were able to give examples of how they worked within these legal parameters and protected people's rights and the need for consent. One member of staff told us, "It is important that we always ask permission before doing anything for people". Another member of staff said, "I can give a good example of a lady who declined personal care from me when I first started here because I was new and she didn't know me; I respected that and another carer who she knew better supported her. Now she has gotten to know me more, she is happy for me to assist her but I always ask and make sure first".

We were also told about a person who often declined support with their personal care and had historically been at risk of self-neglect. The registered manager told us that this person had full capacity and they were making an informed decision not to tend to their personal hygiene. They explained that over the years they have worked hard with this person to build up a trusting relationship and they now have an agreement in place with the person whereby they will accept support once a week, on their terms, which staff respect.

Staff gave people choices and asked for consent throughout the day. Staff spoke with people in ways that they would understand in order to enable them to make decisions. For example, we saw one member of staff assisting a person to choose what they wanted for a snack. They showed them different fruit options and biscuit options and waited patiently for the person to make a choice.

Deprivation of Liberty Safeguards (DoLS) requires providers to identify people in their care who are over the age of 18 and who may lack the mental capacity to consent to care and treatment. They are also required to submit an application to a 'supervisory body' for the authority to deprive a person of their liberty within their best interests in order to keep them safe. The provider was able to articulate their understanding of DoLS and was aware of their responsibilities. At the time of our inspection we saw that authorisations or applications had been made because some of the people living at the home lacked capacity and were receiving their care within their best interests. This meant that any decisions made on behalf of people were done so lawfully. The registered manager explained to us that September had been a themed month for MCA and DoLS and that people, relatives and staff had been involved in additional training on these topics

to promote their understanding and awareness of these areas of practice. They said, "Families sometimes find it difficult to understand the legal processes we have to follow in order to get this right and the reasons behind this, so we thought it would be important to open this up to them too; it's been really useful".

People we spoke with were happy with the food that was available and prepared for them at the home. One person said, "The food is nice". Another person told us, "The food is not always to my liking but I can always have something else, like today I had salad instead". A third person stated, "The food is good; it is very difficult to please 30-odd people but they do a good job; it is always well presented and there's plenty of it". Records we looked at showed that food was a regular agenda item for discussion during resident's meetings and the registered manager held separate menu planning meetings to ensure that people's preferences were regularly reviewed and catered for. We saw that this often followed seasonal requests with the home moving from a summer to an autumn menu.

Staff we spoke with told us and we saw that food, drinks and snacks were available to people throughout the day. One person said, "I can have a drink whenever I want one, not just when I see the [drinks] trolley, but they are fairly regular with the trolley anyway". We also saw that people had their own kitchen facilities in their bedrooms and some people chose to prepare their own drinks and snacks in their rooms. One person said, "I keep my fridge and cupboards well stocked; if there is anything I want they [staff] will get it for me, or my family brings me some things in too; I never go without". We found that staff would check on people in their rooms throughout the day and offer to make them a drink or fetch them a snack if they were unable to do this for themselves.

People were supported to eat wherever they chose, be it in their bedrooms, in the lounge, dining room or conservatory. We observed a meal time at the home and found it to be a social and relaxed experience for people. Staff joined people to eat in order to offer companionship and support where required. For example, we saw that one person chose to eat in the conservatory. Staff joined this person and also asked other people if they cared to join them for dinner so that this person was not alone. Another person chose to eat with this person in the conservatory and they spent the meal time chatting with each other and the staff member.

People were offered a choice of drinks with an additional jug of water provided on each of the tables. Menus were displayed on the walls and on the tables and staff asked people what they wanted before serving the meals. Food was seen to be well presented and smelt appetising. We saw the Chef came out of the kitchen to ensure that people were satisfied with the meal and we heard one person say, "That was absolutely lovely".

Where people required assistance to eat, staff supported them in a way that was discrete, dignified and also, where possible, promoted people's independence. For example, we saw one member of staff supported a person to eat and with each mouthful, asked them what it was they would like next, describing each item of food to them on each occasion.

People we spoke with and records we looked at showed us that nutritional assessments and care plans were in place for people; these detailed their specific needs and risks in relation to their diet. Referrals had been made and advice sought from the relevant professionals, such as speech and language therapists and/or dieticians where necessary. People's weights were monitored in accordance with their health needs and action was taken to accommodate for any changes where necessary.

We found that people living at the home had access to doctors and other health and social care professionals. One person told us, "If I need to go to the opticians or the dentist my family arrange it with the

home and they [staff] take me". Another person said, "I am confident that if I was not well they would get the doctor for me". A relative told us, "If ever [person] is unwell they tell us and get the doctor". Another relative told us, "All services are met, GP, Hairdressing, Chiropodist, all as necessary". We saw a podiatrist visited the home whilst we were there. They took the time to give us some feedback on their experience of the home. They said, "I always look forward to coming here. The staff are always very helpful and know who would benefit from my services and every time they are right. People are of course given the choice, but with staff support and reassurance, we get them sorted. It's a lovely home".

Records we looked at showed that the provider advocated for people's health and well-being. We found they worked closely with other organisations, health and social care professionals to ensure people's needs were met. For example, we saw that the provider had attended regular multi-agency meetings with varied health and social care professionals concerning a person's mental health recovery and safety management plans both prior to and following their move in to Manor House.

Outstanding ☆

Is the service caring?

Our findings

People received an outstanding service from staff that were extremely kind, caring and compassionate; people were supported to have meaningful and enjoyable lifestyles.

Without exception people, relatives and visiting professionals we spoke with told us about the exceptional standard of care that people received from the staff that cared for them. One person said, "10 out of 10 for the staff team; they are all great and I think you would go a long way to find a home where the staff are this attentive". Another person we spoke with said, "I just can't fault the staff, they are always very helpful and attend to my needs very well". A third person commented, "We have wonderful staff here; they will always go the extra bit". Additional comments included, "I am very happy here and the staff are amazing", "The staff are really lovely. I only have to ask for something and they will willingly help. Nothing is too much trouble". One comment that captured the experience of people living at the home was, "I think most days just how lucky I am to be living here. I am really happy and I have such lovely people to look after me".

A relative we spoke with told us, "The staff are really helpful and very kind. They are respectful and do everything they can to make her [person] more comfortable". This was echoed by another relative we spoke with who said, "The staff are extremely attentive and kind. They always appear cheerful and approachable. They have a good regard for dignity and respect". A third relative added, "The staff really are what make the home, they are all really good and very caring".

Observations we made throughout our visit reflected the feedback that we had received. We saw staff interacted with people in a way that was friendly, personable, kind, caring and compassionate. Staff reassured people when they needed it, for example, by offering a gentle touch, or by engaging them in activities that were meaningful or of interest to them as a way of distraction. We saw that one person liked to walk around the home a lot and whilst they were given the freedom and autonomy to do this, they were also offered structured activity to occupy their time too. For example, we heard the registered manager say to them, "Would you like to help me with something? I have some paper work in the office that I could really do with your help on…" We saw that this person looked proud to be asked for their help and was quick to provide their assistance. This appeared to provide value and purpose to this person at a time when they appeared disorientated and lost within their environment. We saw that another person took a lot of pride in their appearance. They told us they enjoyed being 'pampered'. Later in the day we saw staff had sat with this person to provide nail care in the form of a manicure. Staff had engaged this person in conversation throughout and they were seen laughing and smiling together.

Everyone we spoke with told us that all members of staff got involved with supporting people regardless of their job role within the home and that there was a clear ethos concerning the enhancement of people's quality of life, safety and well-being. No matter which member of staff we spoke with, they were able to give us a detailed overview of people's likes, dislikes, interests, hobbies, and preferences such as their daily routines. For example, we were told who liked to spend time in their rooms and who preferred the company of others in the communal areas. Staff knew of the people who enjoyed certain activities and others who were changeable in their engagement with others. There was a clear person-centred focus to the care that

was provided to people and it was evident that staff had built positive relationships with people. Comments we received from visiting professionals included, "They [staff] really do go the extra mile for people in this home; you can see that people are the priority here. It is always such a lovely atmosphere; people are happy and very well cared for". "I don't have a bad word to say. They [staff] always know people really well and can give us all the information we need. People always look happy and content".

The high standard of care enhanced people's quality of life and well-being. One person told us, "I feel so much better for being here, knowing I am safe, secure and someone is always on hand if you need them. Anything you need, you just have to ask and they will sort it for you". Another person said, "The staff are very kind and cheer me up if I am feeling sad". A third person stated, "They [staff] are all delightful and make me feel so wanted and cheerful". A relative explained to us the positive impact moving in to the home had had on their loved one. They told us that living at Manor House had enabled their relative to remain as independent as possible whilst also receiving care and support with their other needs. They said, "[person] actually does more for themselves now they are here than when they lived alone; I think this is because they have the security of knowing someone is on hand if they need them". Other people we spoke with confirmed this and told us that the reliability and support they received from staff gave them the confidence to move around more and to be more independent. One person said, "I am able to please myself in my room, I walk about with my trolley and make a drink, but I always carry my buzzer with me just in case". Another person told us, "I like living here mostly for the company". A third person agreed with this and said, "I often have a wander down the corridor and visit other people in their rooms; we are like a little community here". A third person shared with us, "I have a settee and a TV in my room so some evenings other residents come round, we have a drink and a chat and watch TV."

People were supported to make choices, where possible, in all aspects of their lives from the food they ate, the clothes they wore and the activities that they engaged in. Where possible, people were also involved in choices about the care they received. People and relatives we spoke with confirmed that they had been involved in the planning of their care and that they received support in accordance with their personal preferences and wishes. One person said, "I have a key worker who is very attentive and talks to me about what I want and how I like things to be done". Another person told us, "My key worker understands me and makes sure I am happy with the support I get". A relative we spoke with confirmed this and stated, "We have been fully involved in her care plan. It is followed and updated with any changes being discussed".

There was a vibrant and friendly atmosphere to the service. People appeared comfortable and relaxed both within the well-maintained environment, but also in the company of staff. We found that people were treated with the upmost respect and were provided with personalised care that recognised them as individuals. Staff took the time to pay attention, listen and understand what people said and altered their communication style to meet the needs of individual people. For example, we saw two-way interactions between people and staff using verbal communication or through their body language, facial expression and gestures.

We found that people's independence was promoted and where needed support was provided discreetly so that people's privacy, dignity and sense of well-being were maintained. We saw that people were well presented in their appearance and everyone we spoke with praised the staff for the attention to detail they gave when supporting people with their personal care.

People's relationships with their friends and relatives were valued and the importance of these relationships was understood by staff. The care and compassion received by people was extended to families who also felt supported by the staff. Families were supported to learn about their family member's health conditions or other health and social care topics by being invited to training sessions, such as dementia care so that

they could better understand the impact on people and on themselves.

Everyone we spoke with told us that there were no restrictions on visiting times and that visitors were made to feel welcome. One visitor we spoke with said, "Visiting is open and they always seem to welcome us coming". Another relative said, "Visitors are made very welcome and we are encouraged to take part in activities". We saw that a coffee station was available in reception for visitors to help themselves to and we saw people, relatives and visitors had the autonomy to choose where they spent time with their loved ones. For example, we saw that some chose to spend time in the communal lounge area, whilst others made use of the conservatory or visited people in their own rooms. The Provider Information Return (PIR) stated that whilst the home promoted protected meal time (so that people were not disturbed by health and social care professionals at these times), relatives were encouraged and welcomed to dine with their loved ones at Manor House to promote a 'homely' environment. This was evident during our inspection and the registered manager explained, "I like to enjoy a meal with my family, in my home, so why shouldn't they [people]; this is their home, we like to ensure people have the opportunity to maintain 'normal' life as much as possible both within and outside of the home".

The provider had a clear understanding and appreciation for the importance of end of life care planning. Records we looked at showed that people's choices and preferences about how they wished to be cared for at this stage of their lives had been considered and planned for, in accordance with best practice guidelines. We saw that some people had been involved in making decisions about whether or not they wished to receive lifesaving interventions at the end of their lives, where they wanted to spend their final days and what arrangements were to be made after death. Staff we spoke with confirmed that they received all of the relevant information they required to ensure they supported people in accordance with their final wishes and how important it was to promote a peaceful and dignified death for people. Staff also spoke with compassion about the care they provided to people and their loved ones after death.

Outstanding ☆

Is the service responsive?

Our findings

Since our last inspection when people received a 'good' service from responsive staff, we have seen further improvements and the service is now rated as 'outstanding' in this area.

There was a clear ethos within the home that was fundamentally founded on providing high quality care for people to either maintain or enhance their quality of life. Everyone we spoke with, observations we made and records we looked at, demonstrated to us that people received exceptionally personalised care and that the staffing team went above and beyond to ensure people were kept safe, whilst maintaining their independence and continuing to enjoy life. Comments we received included, "Staff really do go the extra mile here". "It's [care] exceptional; I couldn't ask for more". "They [staff] are wonderful and listen to me. As long as it's reasonable and possible, anything I request I can have". "It's home from home. I have most of my own furniture from my house, including my own bed, all of my pictures and knick-knacks, its brilliant!"

We found that people were encouraged to live enriched lives and were supported to engage in activities that were of interest and/or promoted value, purpose and meaning to their lives. For example, we heard about how difficult it had been for one person to make the decision to move in to residential accommodation. They were concerned that it would impact too much on their independence, but due to their mental health difficulties, they had found it too difficult to maintain their safety independently in their own home. The registered manager worked closely with the community mental health team to ensure that the transition in to residential accommodation was as smooth as possible; they provided reassurance to the person about how they would support them to maintain their autonomy. The registered manager explained to us, "We felt it was important to promote this person's sense of self and provide them with opportunities to enhance their daily roles, routines and to provide them with a purpose through meaningful activity. We recognised that they were fiercely independent, so to maintain this, we arranged for them to be registered with the ring and ride [A door to door transport service for people who struggle to access conventional public transport systems, for example due to disability] so that they could come and go as they pleased, as they did when they were living at home. We also felt that they would benefit from having a role and purpose; so we had decided to adapt the medicine room in to a 'shop'. It took us about four weeks to get it all sorted, but it is working really well. [person's name] volunteers now for a few hours each day by 'running' the shop; it's great!"

During our visit this person had gone out so we were unable to speak with them, but a professional we spoke with from the community mental health team, complimented the service for the efforts that they had gone to, to help this person settle in. They said, "[person] thought they wouldn't like it and wouldn't be happy; but [person] has settled in really well; the registered manager and the staff have all been great!" We found that the community mental health team were confident about the person's recovery given the additional support that had been provided by staff at Manor House. Another example was the request from a relative to plant a winter vegetable patch in the garden which had been agreed because it was recognised that this would provide their Dad with a daily purpose within the home as he was a keen vegetable grower.

Another project which had been initiated to enhance the experience of people living at the home was the

refurbishment and development of the beauty salon. We were told that historically there had been a designated day for the hairdresser to visit the home. However, the registered manager stated that this felt too characteristic of a typical residential home and they wanted the home to feel more like a community and to 'bring the outside in'. They consulted with people living at the home about the hairdressing salon being refurbished to reflect a modernised, stylish salon; which was agreed. This meant that the provider rented the room out to an external beauty therapist and it was run like a commercial beauty salon. The 'beauty therapy room' was 'open' to residents, staff and relatives who were now able to book in hair or beauty treatments on an appointment basis or drop-in service; providing a more authentic experience to people. One person we spoke with said, "Ooh it's lovely, very posh. It feels like a real treat now". People who preferred to maintain contact with their own hairdresser were also supported to do so too. One person said, "I have my own mobile hairdresser who I have known for years, she still comes here just the same as she did when I was at home; it's like home from home here". The money raised from renting the room out was also donated to the activities fund to further enhance the quality and engagement of people in meaningful activities.

Staff interacted with people and supported people to engage in activities they enjoyed throughout the day. For example, we saw people engaged in quizzes, watching television, singing and enjoying 'pampering' activities. We found that activities were facilitated with people on both an individual and group basis and that some were organised activities whilst others were 'ad hoc'. People we spoke with told us that this was a part of the typical routine within the home and that staff were always encouraging and supporting them to do the things they enjoyed, but that also staff respected their choice as to whether they wished to join in or not. One person said, "They [staff] provide a range of activities and I do go down for the bingo but I prefer to stay in my room most of the time and that's okay". Another person said, "I'm not much of one for joining in with activities so I tend to stay in my room but I believe they are very good". A third person told us, "I don't really get involved in activities but this is my choice". Relatives we spoke with were complimentary of the activities that were on offer and told us that they too were invited to join in. For example, we heard about and saw photographs of people enjoying the summer beach party that had been arranged at the home earlier in the year which was reported to have been a 'great success'. One person said, "There was a beach day over the summer which was really good and well attended". Pictures we looked at showed people enjoying beach games, ice creams and appeared happy with the days' events. People and relatives we spoke with also told us that birthdays were recognised as important events and were celebrated within the home. One relative said, "[person] has a birthday coming up and they [staff] will make it a special day for her with a cake and lots of attention". We saw lots of photographs of people celebrating their birthdays within the home with a cake.

Everyone including people, relatives, visitors and staff, were involved in the running of the home by way of providing feedback to the management team on things that they would like to remain the same or be done differently; all of which was listened to and actioned. This was achieved through regular individual care reviews, questionnaires, residents, relatives and staff meetings, compliments and complaint forums as well as an open-door management policy where people were encouraged to 'drop-in' for informal conversations or to offer feedback. Comments we received to validate this included, "Anything I ask for is sorted for me; they [staff] listen to me and sort it out". "Nothing is ever a problem. I told [registered manager] recently that my mattress could do with changing; he said he would see what he could do. The next day I had a new one. You can't ask for better than that can you?!". "I only ever have to ask once for something and it's done". "[Manager's names] are very good and always listen to me, they respond to any of my concerns quickly". "They are very responsive, we only have to mention or ask for something once and it is sorted immediately".

Monthly newsletters were shared with people, relatives and staff as well as displayed within the home for external visitors to see, which kept people up to day with any relevant information and recent or upcoming

events. For example, we saw that people's birthdays were mentioned for celebration, updates on planned entertainment were shared as well as photos of events from the previous month. Information about the 'Employee of the month' was displayed within the newsletter with information on how people could nominate staff for the up-coming month as well as an interactive quiz for people to participate in. The newsletter also encouraged people to offer their feedback on any additions or changes they would like in the home or indeed to the newsletter specifically. We saw a 'welcome board' where new people were introduced which included a photograph of the person and some information on their likes, interests, and important dates to help people to initiate conversation and welcome them to the 'community' of the home.

Throughout the home we saw further evidence of people involvement and consultation. There were 'you said, we did' boards around the home which informed people, staff and visitors of the action the registered manager had taken in response to the feedback they had been given. For example, we saw that having a pet was discussed during a recent 'residents' meeting'. The meeting minutes explained that various animals were suggested as potential pets within the home and people 'voted' on which they would prefer. The verdict was a pet rabbit and this process was captured on the 'you said, we did' board as well as in the monthly newsletter. One person told us, "We have meetings and talk about what we would like and how we are going to get it. Any suggestions are listened to and then the manager sorts it out". Another person said, "We have resident meetings when we can discuss any changes we want; it all goes to a vote". A third person explained, "We all decided that we would like a pet and the most popular vote was a rabbit; we already have the hutch ready to go!" The registered manager showed us the rabbit hutch and explained that the rabbit was due to arrive in October 2017. They said, "We are looking forward to their arrival; they will hopefully provide another role and purpose for people which staff can also get involved and support with". Other examples of the 'you said, we did' were a traditional fish and chip shop lunch once a month from a local fish and chip shop, more hot puddings in the evening, fresh flowers around the home, bingo evenings, more outside entertainers coming into the home, main meals being served at lunch time, and the participation in seasonal menu planning. We found that the same process was reflected for staff too. We found that every six weeks the registered manager gathered the feedback that they had received from staff during supervision sessions and staff meetings and responded openly with the action that they would take to meet any requests or suggestions. For example, we saw and staff we spoke with told us that they had requested new staff uniforms, more dementia training, staff nights out, additional hours for catering, and had suggested the reintroduction of the named keyworker system. All of which had been implemented.

People we spoke with and records we looked at showed us that people were aware of having a care plan and they were involved in this process. A care plan is a written document which details people's care needs and preferences; it informs staff of how a person wants to have their care needs met and how they can support them and provide this care. One person said, "We have key workers now and they speak with me; she is very attentive and talks to me about what I want". Another person told us, "My family are invited [to care reviews] and fully involved in any decisions". Relatives we spoke with confirmed that staff kept them informed and involved in any changes to people's care needs or associated plans, as appropriate. Comments we received included, "We have been fully involved in her care plan. It is followed and updated with any changes being discussed". "The staff are extremely attentive; they are conscious to look after [person's] needs but keep us informed of anything we need to know", "The staff always contact me for the slightest of change or incident which often I wouldn't expect to me told about but it's so far better than not being told about things and missing something really important so that's good with me". "They [staff] involve me in any changes that are happening". "If ever [person] is unwell, they ring us immediately".

People and relatives we spoke with told us that their cultural and personal preferences were respected within the service when it came to things like receiving gender specific care, engaging in cultural or religious activities or maintaining their sense of individuality and identity. We found that people were given choices

about who provided their care (male or female), whether they had any special dietary requirements in association with their spiritual, religious or cultural beliefs and whether they joined in with any religious ceremony's or celebrations. We found that people were supported to maintain their personal relationships and that their privacy within these relationships was respected. The manager told us that they created an inclusive environment and whilst they were not formally aware of anyone living at the home who identified themselves as being Lesbian, Gay, Bisexual or Transgender, (LGBT) that all relationships were respected and people were encouraged to be open and comfortable within a safe and supportive environment. They said, "We talk openly with people and refer to partners in the generic terms so to make people know that it is widely accepted here". We also heard about a same sex-couple who visited the service and openly expressed affection within the home which the registered manager told us, "They are welcomed and there have never been any issues with this". They also told us of the provider's plans to update their statement of purpose to reflect the acceptance and inclusive culture within the home embracing the LGBT community and how this would also be incorporated within the home's 'welcome information pack'. They said, "We will also look at how we can celebrate this more openly too within the home".

After our inspection visit we received photographs of a notice board that the registered manager had put together with the assistance of some of the people living at the home which provided information and visual representation of the diversity of people's sexual orientation and gender identity. It included phrases such as 'Love is love' and had sign posts to various information resources, support groups and contact information to eliminate any potential bullying, harassment or hate crime associated with diversity. This has been recognised within CQC as a valued example of how the principles of the Equality Act 2010 can be implemented and shared openly within services.

Outstanding ☆

Is the service well-led?

Our findings

At our last inspection we rated this key question 'good'. At this inspection we found the service had continued to improve and develop, with dynamic leadership being demonstrated at all levels. The management team and the wider staffing team were committed to providing people with the highest standards of care. We rated this key question as outstanding.

There was a clear leadership structure in place within the service. There was a registered manager in post at the time of our inspection as well a deputy manager. They both shared their enthusiasm and passion for the care that was provided to people at the home and it was evident that they were dedicated and committed to making it as person-centred and as positive as possible for people. Both the registered manager and the deputy manager were found to be positive role models within the service and had together developed and sustained a consistently high quality and safe culture within Manor House. The management team demonstrated an extensive, up to date knowledge of all of the people living at the home without referring to records. They were hands on and visible within the service and people and relatives were complimentary about their approach and caring manner. For example, we saw the registered manager supported a person to use the toilet without any hesitation or thought of delegating to another member of staff.

The registered manager said, "The main focus for us here is that this is first and foremost people's home. We are just here to make it as pleasant and as comfortable as possible. We do this by making sure we consult people on everything. We do not believe in changing things without seeking people's opinions first and likewise, if people want something changed or done differently, we will do it; even if it doesn't work, we can say we listened, we tried and we will continue to respond to whatever it is they ask for".

Throughout the home we saw ways in which the registered manager had proactively sought feedback on the quality of the service and where they had responded proficiently. We also found that they were innovative in continuously developing the service, by introducing people to new ideas and practices within the home that were based on evidence based practice or new initiatives in order to promote the experiences of people living at the home. For example, after watching the television documentary about the benefits of intergenerational engagement, the registered manager shared this with and consulted people who lived at the home on the possibility of introducing this in to Manor House. We had the privilege of speaking to people about and looking at the photos of what looked and sounded like a very enjoyable day whereby a group of children visited the home to spend time with the older people who lived there. One person said, "We followed that TV programme about older and younger people supporting each other. This was good and it was nice having the children about". Another person told us, "I was a bit apprehensive at first, but it was lovely. The ladies particularly enjoyed seeing all the children". The registered manager told us, "It went down really well and we are looking at keeping it going once a month. Next month will be a Halloween theme so we are going to look at bringing some reminiscence in to it as well by starting conversations about what the costumes would have been like years ago compared to now; witches aren't in bin bags anymore are they?! [laughed] We will get the children having a go at traditional games like 'apple bobbing'. It's fun for everyone and lovely to see the enjoyment".

We found that the registered manager had forged effective working relationship within the local community to the benefit of the people living at the home. They said, "We have had our fish tank in reception donated to us by [a local retailer] as they were part of our earlier dementia project therapeutic engagement in the home'. We had a large barbeque donated to us from [a leading retailer] as part of our summer beach party/ BBQ day. We also have great relationships with the local primary schools and we have them [pupils] in throughout the year to provide some entertainment such as singing, plays, and they also assisted us with a garden project last year". We found that a lot of the service development initiatives that had been introduced were based on developments within current practice or leading research such as the intergenerational work and dementia friendly environments. The registered manager was also keen to introduce additional evidence based practice within the service. They had started to look at how they may implement Cognitive Stimulation Therapy (an evidence based, therapeutic engagement programme for older people) and individualised activity programmes for people that had been assessed and 'prescribed' in accordance with people's individual capabilities as designed by a leading professional in this area of practice.

We found the registered manager to be exceptionally responsive to both our requests and the feedback that we gave prior, during and after the on-site inspection process. For example, providers are required by law to inform us of certain events that happen within the home (such as serious injuries, safeguarding concerns or deaths) by way of submitting a form called a statutory notification. We found that the statutory notifications we received from the provider were extremely detailed enabling us to have a sound understanding of events proceeding and actions taken following an event or incident within the home. This was also consistent with the level of detail found within the Provider Information Return (PIR) document that we received. We were able to reliably use this information to effectively plan our inspection and to corroborate the information provided with our findings during the inspection. Whenever we requested additional information concerning an event that they had notified us of, this had been provided comprehensively and without delay.

During the inspection we discussed with the registered manager some aspects of the Equality Act 2010 and asked them of the ways in which the provider planned to further develop these within the home. Within a couple of days of our site visit we were advised that October had been given the theme of promoting LGBT (Lesbian, Gay, Bisexual and Transgender) inclusivity and awareness within the home. The registered manager had accessed an audit tool to assist them in measuring their effectiveness and to identify areas for further development within this area. One of these areas was to use display and visual materials to encourage positive conversations and to overtly demonstrate the home's culture of inclusivity. They were proud to show us a photograph of a new notice board they had put together with the assistance of some of the people living at the home and we were told that within 30 minutes of this being displayed, people had started to have positive and meaningful conversations about this. The registered manager said, "We work hard to provide the highest standards of care we can, but we accept that a service is continuously developing and we welcome as much feedback and support as we can get because it is the people living here that will benefit. We would love to be the first home within our provider to get a rating of 'outstanding' to reflect and celebrate our hard work, dedication and commitment but to also be able to share this with other homes as well… again the more people that benefit the better. We have a real passion for person-centred care and I hope that has shone through during your [CQC] visit".

Any information we asked for throughout the inspection was consistently provided efficiently. This showed us that the home benefited from a manager that was well organised, proactive and responsive as well as caring. It was clear to us that they cared about the experience and well-being of people living at the home as well as the integrity and progression of the service delivery. People, relatives and staff we spoke with validated our findings. One person said, "I have gotten to know the manager very well, he is always cheerful and we have a good laugh. He pops in most days to say good morning and to make sure I am okay". Another

person said, "He [registered manager] is a good lad, he helps in any way he can". A third person stated, "I know [registered manager's name]. He is very pro-active and looks out for us". A relative we spoke with said, "He [registered manager] is very good and keeps us informed. He is approachable and professional". Another relative told us, "I speak very highly of all of the management team. They are all very helpful and they are doing a marvellous job".

We saw that there were systems in place to monitor the quality and safety of the service, and that these were used effectively, including feedback forums, staff recruitment process and internal and external quality assurance practices, such as audits. This was with the exception of the medicine audits that had failed to identify the recording error noted in relation to two medicines that were prescribed on an 'as required' basis. However, from the action that was taken immediately after our observation of this issue, it was clear that lessons had been learned and the registered manager was quick to ensure that no impact had occurred upon the safety of people living at the home.

We saw that the provider's quality assurance systems and processes were stringent by design which the registered manager recognised to be another reflection of the provider's exceptionally high standards for quality and safety. They said, "You will see that in some parts of our weekly quality audit score sheets we may have rated ourselves as 'requires improvement' or even 'inadequate'; this is not a true reflection in terms of the seriousness of shortfalls but by design if we fall down on one or two points even for minor issues it is recognised within the systems as a failure as we strive to be 'outstanding'. We have to demonstrate improvements have been made". We saw evidence of this whereby the kitchen audit was rated as 'requires improvement' because the hot plate needed replacing. By the following week, this had improved to 'good'. Other quality monitoring records we looked at showed that the information gathered as part of these quality monitoring processes had been analysed, evaluated and actions had been implemented, monitored and displayed in communal areas of the home. For example, we saw 'you said we did' display boards around the home which were regularly updated to ensure people, staff and visitors were kept informed of the developments within the home. Where people had provided feedback on the quality and safety of the service, this was cascaded appropriately to ensure that the relevant departments received the feedback that was most pertinent to them and that the action taken was a targeted approach but also gave others the opportunity to share in the learning.

Within the PIR, the registered manager explained the support and involvement that the provider had in promoting the quality and safety of the service. We were told that the outcomes of the quality assurance systems were shared at Directors level to ensure that they maintained oversight of the service delivery and supported and encouraged the management team to make any necessary improvements. For example, during our inspection visit, the registered manager told us, "I am very supported by my regional manager and the Provider; they are a good provider to work for. Whatever I ask for, I am supported with as long as I can justify my requests, which I think is always very reasonable and fair".

Staff we spoke with were complimentary about the support they received. One member of staff said, "The management team are all lovely, very approachable and they do listen to us. [Registered Manager] is very good and he is a nice bloke too; we have a good laugh. It is relaxed and a nice place to work". We saw that the management style was firm but fair within the home and that the registered manager led by example. We saw him supporting people with personal care, engaging people in activities, providing constructive and supportive feedback to staff and liaised with relatives and visiting professionals all within his capacity as a registered manager. We also found that the registered manager had introduced the role of a Staff Engagement Officer (SEO) within the home so that staff members had the opportunity of having another 'go to person' within a supportive framework. The management team would meet with the SEO on a monthly basis to discuss any concerns or feedback that they had received from staff.

We saw that the provider had implemented staff appreciation initiatives to ensure that staff felt appreciated and valued in their work. We saw an 'employer of the month' recognition board in the reception area of the home which was also shared in monthly newsletters. Records we looked at showed that the registered manager had taken the time to personally and formally write to individual staff members to thank them for their contributions within the home. Staff we spoke with told us of the value of having this level of recognition and appreciation. One member of staff said, "We all do our best and try to go above and beyond to make sure people feel cared for and enjoy living here; knowing we do that is thanks in itself and seeing the enjoyment people have but to have a letter of thanks and recognition goes a long way too; it's nice to be recognised and appreciated formally".

Staff we spoke with told us they were aware of their roles and responsibilities with regards to whistle-blowing and that there was a whistle-blowing policy in place. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about malpractice, risk (for example, a person's safety), wrongdoing or illegality. The whistle-blowing policy supports people to raise their concern(s) within the organisation without fear of reprisal or to external agencies, such as CQC if they do not feel confident that the management structure within their organisation will deal with their concern properly. All of the staff we spoke with told us that they felt comfortable raising concerns with the registered manager and other members of the management team.

We asked the registered manager to tell us about their understanding of the Duty of Candour. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager was able to tell us their understanding of this regulation and we saw evidence of how they reflected this within their practice, through the displays within the home and the responses that they had provided in reply to any concerns or complaints that had been raised historically.

Overall, we found the service to be outstanding which was reflective of the dedication and commitment provided by the leadership and the wider staffing team. This ensured people received a consistently high quality, safe and effective service that was exceptionally caring and responsive to people's individuality and support needs.