RMH (Manor House) Care LLP

Lincombe Manor

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service:

Lincombe Manor is a care home with nursing, and is registered for a maximum of 48 people. The registered home comprises two buildings - a multi floored and purpose-built nursing home for 40 people, and a separate 8 bed unit, known as Hewitt Lodge used for intermediate care. Intermediate care is a service supporting people return to independence following a short period of illness or hospital stay. Staff work alongside therapy staff from the Care Trust, such as physiotherapists or occupational therapists to return people to their own homes.
At the time of the inspection the service had two vacancies, but these had already been filled.
The care home is set within a complex including a period manor house converted into retirement flats and purpose-built bungalows for older people. People living in the nursing home can access services on site such as a restaurant and exercise classes. The complex is set in the Lincombes area of Torquay and has panoramic sea views from communal areas and some bedrooms.

People's experience of using this service:

People and their relatives spoke highly of the service they received from Lincombe Manor, both in the main service and from intermediate care.

The service was exceptionally caring. People's needs and wishes were met by staff who knew them well. We saw and were told of examples of staff going 'above and beyond' to help and support people they cared for. Thoughtful touches were in place, such as dog biscuits for visiting animals, and people being able to offer visitors snacks, hot drinks or a glass of wine, which was available in the lounges. This meant people could offer visitors hospitality without having to ask staff.

The service had strong person-centred values and placed people's wellbeing at the heart of their work. People received personalised support which met their needs and preferences. People told us the service listened to their wishes and suggestions to improve their care and support. The home had a tranquil and calm atmosphere.

People received their medicines as prescribed. Risks around people's care or health were assessed and managed. People were encouraged to maintain or regain independence, in particular in the intermediate care service. Systems were in place to safeguard people from abuse, and the service responded to any concerns or complaints about people's wellbeing.

There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable. Enough staff were in place to meet people's needs, and staff received the training and support they needed to carry out their role.

There was strong leadership at the service. Changes were taking place within the governance and management structure at the time of the inspection. This included the provision of a new management company. Although this had been delayed this had not adversely impacted on people living at the service. The manager was newly in post but had applied for registration and was previously an experienced registered manager elsewhere.

There were effective quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided. Systems ensured learning from incidents and accidents.

More information is in the full report
Rating at last inspection: This service was last inspected in September 2016, when it was rated as good in all areas and as an overall rating.

Why we inspected: This inspection was scheduled for follow up based on the last report rating.

Follow up: We will continue to monitor the intelligence we receive about the service. If any concerning information is received, we may inspect sooner.

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 safe Details are in our Safe findings below.	**Good**
Is the service effective? The service was effective Details are in our Effective findings below.	**Good**
Is the service caring? The service was exceptionally caring Details are in our Caring findings below.	**Outstanding** ☆
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**

Lincombe 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection team consisted of one adult social care inspector, an assistant 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: Lincombe Manor is a care home with nursing. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had recently appointed a new manager who has applied to be registered with the Care Quality Commission. This means that they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
This inspection was unannounced and started at 07:00am. This was because we wanted to see the night staff and observe the morning handover between staff shifts to see how duties were allocated for the day.

What we did:
Before the inspection we looked at all the information we held about the service, and contacted the local care trust quality team for any information they held about the service. The local care trust worked alongside the service's staff in the intermediate care team unit.

During the inspection we spoke with eight people living at the service, two visiting relatives, the manager,

deputy manager and clinical lead nurse, nine members of care and nursing staff, two activities co-ordinators, a visiting healthcare professional, the administrator, a housekeeper, and the maintenance person.

We looked at the care records for five people in detail and sampled other records, such as those for medicines administration, audits and the management of risks. We sampled policies and procedures in use, reviewed complaints and concerns and notifications sent to us about the service.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- The service was managed in a way that protected people from abuse. People told us they felt safe and knew how to raise any concerns over their safety. One person said, "I would speak to the assistant manager" if they had any concerns and another "Yes, I would talk to staff if I had a problem."
- Staff and the registered manager were aware of their responsibilities to protect people and to report concerns over people's safety and wellbeing. Staff told us they understood how to raise concerns and would feel confident in doing so. The service had information for people, families and visitors on how to raise concerns on display in the lift and on display in the home. Copies of documents such as the Nursing and Midwifery Council Code of Conduct were on display.
- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service (police), undertaken before new staff started work. Some of the files did not have a thorough exploration of gaps in people's employment history recorded, and the manager agreed to address this with the staff concerned.
- There were enough staff to ensure people had access to the care that met their needs and protected them from risks. The service used a dependency tool to help them decide the numbers of staff needed, with appropriate skills and training. On the day of the inspection there were two registered nurses, and seven care support staff in the main building with a supernumerary deputy, clinical lead nurse and manager for 38 people. In the intermediate care unit there was a registered nurse and care support worker supporting eight people. Other support staff included three to four housekeeping staff a day, two activities organisers, catering and maintenance.
- Registered nurses were on duty 24 hours a day. Some people told us they had to wait a short time before receiving care at peak times, for example one person told us "There are times when they are busy, and you wait longer." Others told us staff attended to them quickly. One said, "We rarely use the button for help, but staff emphasise 'don't be afraid to press the button, that's what the button is for'." One person said, "If I ring that [the bell] they soon come and say 'what's the trouble, can I help you?'. I've not had to use the emergency button, but I accidentally pressed it when I first came to live here, and 4 staff came immediately."

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. Risks had been identified and action had been taken to minimise these, including risks from pressure damage, poor nutrition and living with long term health conditions. Staff understood people's needs and knew how to keep them safe. For example, assessments identified risks associated with living with diabetes and signs the person's condition was not being well managed. Records of blood tests were reviewed to ensure longer term trends were identified.
- People were involved in managing risks to their health and safety and plans to minimise risks had been drawn up with their input and agreement. Where necessary, specialist advice from healthcare professionals was sought to reduce risks to people, for example assessments by the Speech and Language Therapists for

people at risk of choking.
•□The premises and equipment in use were well maintained, with risk assessments and control measures in place. The manager and lead nurse checked the building each day for any hazards. Systems were in place to check equipment including bed rails, pressure cushions and pillows to ensure they were safe, clean and hygienic. A recent fire inspection had been carried out and minor areas needing improvement were being addressed. There were regular calibration checks of equipment in use, for example to monitor blood sugar levels.

Using medicines safely
•□Medicines were stored and disposed of safely and people received their medicines as prescribed. One person told us "They bring it to me. Some things I have in a pot, and there's a liquid one that I have each day." The person told us medication was usually given at the same times each day. "They are very prompt doing that sort of thing. I think they are marvellous, considering what they have to do. It comes at breakfast time."
•□Systems were in place to audit medicines. This included both daily and monthly checks.
•□Medicines were administered by registered nurses, and there were regular competency checks, tests and spot checks.
•□Records for medicines administration were completed well. Systems were in place to reduce any risks of people being given the wrong medicines after a period in hospital, when their medicines may have changed. Clear protocols were in place to guide staff on the administration of 'as required' medicines.
•□Where people wanted to administer their own medicines, this was risk assessed. In the intermediate care unit people were encouraged to do so as part of their preparation to return home where this was safe.

Preventing and controlling infection
•□Good infection control practice was in place, and the service did not have any malodour. Staff had access to personal protective equipment to stop the spread of any potential infection. Laundry areas and housekeeping services had good systems in place to manage any potential infection risks. Cleaning schedules were in place to launder hoist slings.
•□People told us the service was kept clean, and the laundry systems worked well. One person told us "The laundry – I put dirty things in a bag and then it's hanging, washed and ironed, in the wardrobe."
•□A full and comprehensive infection control audit had been carried out on a monthly basis. Mattresses were regularly steam cleaned and there were regular comfort audits, and audits of bedding and pillows.

Learning lessons when things go wrong
•□Where incidents had occurred, action had been taken immediately to minimise the risks of reoccurrence. The manager audited incidents and accidents to ensure changes could be implemented quickly to reduce risks and to identify any trends.

Good

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

•□Assessments of people's needs were carried out before they came to live at the service. These were then regularly updated and used as a foundation for the person's plan of care.
•□Care plans guided staff on how best to meet people's needs. People's needs were regularly reviewed and where changes had occurred their care plans were updated. People or their relatives had been involved in their care planning and reviews. One relative told us "[Name] came to see us at the house. Every so often they come up with the Care Plan. There was a review last month."
•□Care plans were person centred and in line with good practice.

Staff support: Induction, training, skills and experience.

•□People said "The staff are magnificent. Dedicated professionals" and the home was friendly.
•□The service had a training programme in place to ensure staff had the necessary skills to meet people's individual needs. This included induction training and support. Newly appointed staff were experienced so had not completed the Care Certificate, but the manager confirmed inexperienced staff would be expected to undertake this. The Care Certificate is a nationally recognised course in Induction for care workers.
•□Staff told us they felt they had received enough training to carry out their job. Mandatory training updates for example for Fire training were planned for the week following the inspection.
•□Staff knew people and their needs well. People told us they had confidence the staff were skilled in supporting them. One person told us "They seem to be [trained]."
•□Staff had the opportunity to discuss their training and development needs at regular supervision and appraisals. Although these had fallen behind, the manager and deputy had recently ensured all the staff appraisals were up to date. Staff told us they felt supported.
•□Staff worked well with other agencies and disciplines, especially in the intermediate care unit, where staff from Hewitt Lodge worked alongside staff from the Care Trust daily. A visiting professional told us how they had formed 'excellent working relationships' with staff working in the intermediate care unit, and that they had seen the staff team develop the specific skills needed to work with people there.

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

•□Where advised specialist dietary textures were provided to assist people with swallowing. The records for one person for example showed they were at high risk of malnutrition. Information on their likes and dislikes, where they liked to eat, fortification of their meals and the importance of giving them extra time to

eat their meals was in their care plan. The person's weight had stabilised as a result.
•□People told us they enjoyed the meals served to them. One said "It's very tasty, piping hot. I had chicken kiev, sautéed potatoes, beans and carrots. The fish was very nice. They always tell me 'if you want something special they will get it for you'. They gave us scallops with two days' notice." And another person said "They [staff] seem to be very caring in the dining room, helping people. I have lunch in the dining room. I have breakfast and supper in my room and have sandwiches in my room about 8 p.m. It's good quality."
•□People were offered a choice of drinks with their meals, including alcoholic beverages.
•□Meals were bought to the home from the manor house restaurant where they were cooked. The service had plans to provide a main kitchen within the home.
•□People told us staff respected their choices regarding meals and how they were served. For example one person told us "Things do happen on request. For instance, at breakfast they now bring me toast, butter and marmalade in separate bowls" – rather than before when the toast came already buttered and with marmalade spread on it.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
•□We found the service was acting within the principles of the MCA and appropriate recording of whether people had capacity to make decisions and power of attorney details was in place. Nine applications for DoLS had been made, but none had yet been authorised, due to delays at the local authority.
•□People were asked for their consent for care. Where people lacked capacity to consent, for example to admission to the home, we saw best interest decisions had been made and recorded in conjunction with people authorised to make decisions on their behalf.

Adapting service, design, decoration to meet people's needs
•□Lincombe Manor is a purpose-built nursing home, set in a spectacular setting with panoramic views over the sea. There was a choice of communal areas people could use. These were decorated and furnished to a very high standard and felt homely, with interesting artwork and items displayed. Some of the artwork had been created by people living at the service.
•□All areas of the home were clean, warm and well furnished. The home felt tranquil, calm and relaxing. The views from the communal areas, roof terrace, and some bedrooms out over Torbay offered people the chance to relax in a truly beautiful setting.
•□The roof terrace offered people the opportunity to access fresh air and outside space whenever they so wished.
•□There was signage around the building helping people living with memory loss to move around the home independently.
•□Adapted bathrooms, shower rooms and toilet facilities were provided to meet people's needs. All floors were accessible by a full passenger lift.
•□In Hewitt Lodge people were encouraged to mix in communal areas, although some chose to spend time in their rooms. Facilities were available to assess people for example with making hot drinks and meals.

Outstanding ☆

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

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

Ensuring people are well treated and supported

•Visitors were welcome to the home at any time. Snacks, hot drinks and wine were available in the kitchens on each floor for people or their visitors to help themselves. This meant people living at the service could offer their visitors hospitality without having to ask staff.
•The communal areas contained a large stock of books, magazines and games for people to use, there were toys for younger visitors and dog biscuits available for visiting dogs. The manager told us "we love dogs here." Friends and family were able to come to the service and share a meal for a small payment. One person told us they and their relation had hosted a lunch for four friends in the lounge. This helped make people feel an involvement with the service.
•Other people told us about events that had happened. For example, the service's hairdresser had recently celebrated a 'special birthday'. They had hosted a Chinese banquet for people living at the service to celebrate the event.
•Services offered to people were of a high quality. The morning 'hostess' trolley offered people a choice of hot and cold drinks, homemade biscuits and fruit including grapes and raspberries. In the afternoon, the trolley included a large homemade cake with strawberries and cream. One person told us "I get the impression they are trying to make the person feel more like a resident in a hotel, that everything is there for your taking. They are trying to give the very best service and it's there so you can avail yourself, or not."
•People had completed comment cards or sent in cards following using the service. These gave a reflection of the quality of service people had experienced. One person had written 'The beautiful view, fabulous food and the 24x7 safe environment meant that we were all able to concentrate on enjoying our time together for these last few special weeks.' And another person had written 'I have been very well treated here always treated with dignity and respect. Very safe and hygienic. I am always listened to by all staff and feel at home'.
•We heard instances of people being supported 'above and beyond' what could have been expected. In December 2018 one person had an acute stroke and was transferred to hospital with a very poor prognosis. Their family were abroad on a cruise and could not find a way back for at least 4 days. The home administrator and two of the care team went to the hospital and sat with the person each day until their family could fly back.
•In another example, one person had very much wanted to attend their granddaughters wedding in Dorset. All of the person's family were committed to wedding duties and could not transport them to the day. The activities lead offered to take the person in their own car to attend the wedding and wedding breakfast. The person was thrilled they had been able to go and very grateful to the service for organising the day.

Supporting people to express their views and be involved in making decisions about their care; equality and diversity

•□People were fully involved in their care planning and expressing their wishes about their care.
•□The service operated a system known as "resident of the day." Each day one person received a visit from the head of each department, such as catering or housekeeping to ensure their wishes and requests were being met.
•□Where people had difficulties with verbal communication they were supported to use alternative methods of communication to involve them in decision making. A person was due to be admitted at the end of the week who used assistive communication, through picture cards. Staff were being made aware of this in advance of the person's admission.
•□Care plans included information about people's personal, cultural and religious beliefs. The service respected people's diversity and was open to people of all faiths and belief systems or none. People protected under the characteristics of the Equality Act were not discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender. Staff all received training in equality and diversity as a part of their induction. The service had a policy on respecting equality, including a zero tolerance of discrimination against characteristics such as caring responsibilities, age, marital status, parental status, sexual orientation, political beliefs or trade union membership, class, responsibility for dependents, and physical attributes. People were supported to follow their chosen faith, and staff respected and used the religious names they lived under. Staff from other countries had recently baked cakes from their country of origin to help open dialogue about their homeland and promote cultural and racial understanding.
•□Residents meetings were held to help people share their views on the services provided and any changes they wanted made. People told us "They are at least once a month. [Manager] has informal get togethers in the dining room downstairs on a one to one basis. There are minutes taken [of residents' meetings] which I get about a week after." And "They are always well attended by family and residents. The lounge is usually full."
•□People told us their views and wishes were listened to. Minutes of a residents meeting held in March 2019 had included feedback about people at the home wanting a small shop. Staff had been working on purchasing items for this, and making preparations to start opening the week following the inspection.

Respecting and promoting people's privacy, dignity and independence

•□Regular dignity audits were carried out by the manager, looking at people's views about how their privacy and dignity was maintained. People for example told us they were asked about their preferred gender of carer. One said, "I was asked, and I chose female."
•□People told us their privacy and dignity was respected. One person told us "If they know people are here they respect whoever is there and they will knock. I leave my door open most of the time. They respect me in the bathroom."
•□ Care was delivered in private and staff were respectful and discreet when talking to or about people living at the service.
•□Staff understood where people wanted to retain their independence, and what they were able to achieve for themselves. In the intermediate care building the main focus of the service was to encourage people to regain independence following a short period of illness or a hospital stay. This meant for most people positive outcomes and a return to their own home. People were full of praise for this service. Comment cards received included comments such as 'all the staff from nurses, carers, physios, OT's, domestic staff are 1st class all giving a loving caring service thus enabling me on the road to a confident recovery. Staff worked

together as a professional team each giving that extra mile' and 'Couldn't be better. Don't want to go home - have offered to do all the washing up so I can stay.'

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

•□People across both units received care and support in a way that was flexible and responsive to their needs.
•□Care plans provided staff with descriptions of people's needs and how they should provide support in line with people's preferences and needs. Plans were regularly updated, accessible and supplemented by daily records some of which were kept in people's rooms.
•□Staff could describe for us what support people needed and how they met this. For example, we discussed with a staff member how they had supported a person to get up that morning. They demonstrated they understood the person well. Care and support plan contained information about people's social and personal history, and staff knew and understood these. These histories helped to ensure staff understood the person in the context of the life they had lived.
•□People's communication needs were identified and guidance for staff was provided to ensure they could understand people and be understood. The service could provide information in different formats, including large fonts if needed.
•□The service had two activities co-ordinators, who provided a daily schedule of activities for people, both in groups and more person centred one to one time. Activities were based on people's wishes and discussed at the regular residents' meetings. On the day of the inspection the service had planned to take people to a local shopping centre, but people changed their minds and did not want to go. The organisers then planned games in one of the lounges. Activities on offer were creative and imaginative. One person told us told us "I enjoy games and this afternoon they have a game of Countdown and they have fairly simple but diverse clues. That can lead to general discussion down a meandering path. There are a lot of people you can communicate with, so every day they come round and ask you if you are going down to lunch and they encourage you to go down and socialise. During the fine weather it has been warm enough to sit outside. I have had a meal outside."
•□People were encouraged to remain active. One person said "I can't read the papers. I have talking books. I watch TV Gold. I do activities with [name of activities co-ordinator]. Every Wednesday morning I go to the French club in Torquay. I go to the restaurants. I go in the back of the minibus and use a taxi. I have a cycle in my room. The physio comes most days."

Improving care quality in response to complaints or concerns

•□People told us they would feel able to raise concerns if they wanted. One person told us they had a concern they wanted to share with the manager and told us they would do so. This related to support they had received which they felt had not maintained their dignity. Another person said "Yes, I would talk to staff

if I had a problem. They would listen to what I was saying, and they would say 'we will talk about it' and then they would go to someone who is probably more knowledgeable in what I was saying and then I would get an answer from somebody."

• Where investigations into a complaint showed that something had gone wrong, the service accepted full responsibility, offered full and frank information, extended their apologies and explained how they would prevent the same thing happening again.

End of life care and support

• People's care wishes at the end of their lives were recorded in their care files where these were known. Advance care plans were in place for all people who had a treatment escalation plan or TEP in place. This covered what the person wanted in case of a sudden deterioration in their health, including their wishes regarding resuscitation or medical treatment to prolong their life.

• The service had an End of Life Champion who was planning to attend an end of life ambassador course at the local hospice this year. Two senior care staff had just been appointed who also have extensive experience and training in end of life care. Advanced prescribing was in place for people nearing the end of their life. This means medicines were immediately available on site to make the person more comfortable, for example with pain relief.

• Staff received training on how to support people at the end of their lives.

Good

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

•Lincombe Manor is owned by Manor Life LLP, who contract with another organisation to run the day to day services and provide oversight and governance. In late 2018 the previous management company ceased providing management cover, and a new company is currently in negotiation to take this over. The service at the time of the inspection was still using the previous organisations records management systems. This was discussed during the inspection and we saw evidence the issue had been raised with the nominated individual (NI) from Manor Life. We received confirmation the service had purchased new operational records and systems from the new management provider to be used in advance of their taking over the day to day management. In addition, the NI had made arrangements for an interim external audit of the service to ensure effective governance remained in place. A previous external audit had also taken place in November 2018 and we could see action had been taken to address any areas raised. Throughout this period an experienced ex care home manager was in charge of the service. They had support from the provider's management services such as a human resources department and buildings team. We were satisfied from correspondence we received sufficient oversight was in place, and the impact of the changes had been minimal on people receiving a service.
•People told us the service was well managed. There was a person-centred culture which kept people at the heart of the service.
•The manager and management team were focussed on providing a high quality and person-centred service for people, recognising their individuality. They understood the importance of working well with other agencies and families in an open and transparent way.
•The service informed relatives of any concerns if an accident or incident had happened and fulfilled their duty of candour. Notifications of certain events had been sent to the Care Quality Commission as required by legislation.

Managers and staff were clear about their roles, and understanding quality performance.

•Systems were in place to assess and improve the quality and safety of services. There were systems in place to analyse infections, falls, pressure ulcers, catheters and peoples body mass index. A clinical governance meeting had recently taken place and monthly meetings had been scheduled for the remainder of the year. An overall monthly analysis of all audited areas was completed each month.

•□A daily 'stand up' meeting was held which included senior staff from all departments including the Chef and maintenance person. This time was used very effectively to communicate key messages.
•□Audits were up to date and where actions were needed we saw these had been carried out. Daily and weekly checks were made of the environment, and we saw staff and people reporting concerns to the services' maintenance team for immediate action.

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

•□The manager was committed to involving people in the service. They regularly sought views from people, their relatives, staff and external healthcare professionals through a series of questionnaires. We could see changes were being made as a result, for example to meals.
•□Regular staff meetings took place to ensure information was shared and expected standards were clear.
•□Staff told us they felt listened to, were supported by the management, and had an input into the service. Staff told us it was a nice place to work, and that standards were high. They told us they would be happy for a relative of theirs to be supported at the service.
•□People and relatives were encouraged to give feedback about the services they had received. Feedback gathered from people or their relatives included 'The talents of your team include that extra special ingredient – a deep compassion for people in your care. We would also like to mention specifically how grateful we are for the excellent nursing care – such able professionals whose combination of skill and empathy meant that we all felt reassured and cared for' and 'How can I ever thank you all enough for the love, kindness and care that you all showed to (Mum). You have a very special team of people at Lincombe Manor who are truly dedicated to making the lives of the residents happy and fulfilled. Your care and kindness extends to the families of the residents who feel included in all you do and confident that their loved ones are safe, cared for and happy'.

Continuous learning and improving care
•□The manager was not yet registered but had made an application to do so. They had been registered in a number of other services and could demonstrate they were continually working towards improvements and had high standards.
•□Nurses received support to maintain their professional registration and practice standards through updates and mentoring support. Recent changes in areas such as medicines and dietary support had already been embedded into practice which showed us the service maintained learning in best practice.
•□Staff were 'champions' for different areas of care and support, such as for topical medicines or continence. This helped ensure best practice was shared amongst the staff team.