

Home Care Home Limited

Valerie Manor

Inspection report

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16 August 2017

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Outstanding 
Is the service effective?	Outstanding 
Is the service caring?	Outstanding 
Is the service responsive?	Good 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

The inspection took place on 15 and 16 August 2017 and was unannounced.

Valerie Manor is a residential nursing home, registered to provide nursing care and accommodation for up to 23 people with a range of health and care needs, including physical frailty of old age and some people in the early stages of dementia. At the time of our inspection, the home was fully occupied. Valerie Manor is a 17th Century house with a purpose built nursing wing set within 1.4 acres of beautifully landscaped accessible gardens. All accommodation is on the ground floor. To access the nursing wing, there are a few steps and an open platform lift. Rooms in the nursing wing have en-suite facilities and overhead tracked hoists. Communal areas include a conservatory/living room, dining room, quiet lounge or snug and a library.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Ensuring that people were and felt safe at Valerie Manor was of paramount importance. People were asked what would make them feel safe and actions were taken as needed. Safety was discussed at residents' meetings and through annual surveys with people and their relatives. Staff had completed training in safeguarding and knew how to report any concerns. Some staff had received additional training to become champions in this field and provided expert advice and guidance to staff. Risks to people and premises were managed in a way that minimised and mitigated risks. Staff went out of their way to think of solutions when incidents happened, to prevent the risk of reoccurrence. People and staff felt there were sufficient staff to keep people safe and there were enough staff so they had quality time with people. Medicines were managed safely. A pharmacist worked closely with the home and commented very positively about the relationship they had with the home and of the pro-active approach to medicines management. People's medicines were reviewed annually by their GP. Valerie Manor was spotlessly clean and maintained to a high standard.

As well as completing training in a range of mandatory areas, staff were supported through supervisions and team meetings. Reflective practice took place and this enabled staff to explore different ways of working and how improvements might be made in relation to providing effective care. Consent was gained in line with the legislation of the Mental Capacity Act 2005 and associated legislation, Deprivation of Liberty Safeguards. People felt actively involved in decisions relating to their care and the registered manager worked closely with people and their families to ensure they were listened to. The quality of the food on offer at the home was of an exceptionally high standard. People had a range of choices from menus which they helped to plan at residents' meetings. Special social events were organised where people, relatives and staff could sample different types of foods which the catering staff had prepared. This enabled the head chef to provide a menu that met people's likes and preferences. People had prompt access to a range of

healthcare professionals and services. Healthcare professionals spoke highly of the care provided and said that their advice and guidance were followed by staff. People were involved in decisions relating to the environment; their views were acted upon and the home reflected people's choices.

The care provided at Valerie Manor was exemplary and this included the care that people received at the end of their life. Staff were dedicated and passionate about providing a high standard of quality care. They knew people well and nothing was too much trouble to ensure people had a full and meaningful life. People and relatives commented on the excellent care provided and the empathy that staff had with people and their relatives. People and their relatives were involved in all aspects of their care and were treated with dignity and respect by staff. Staff were sensitive to people's needs and provided a high level of support to people and their relatives during difficult times and through bereavement. Staff had access to a qualified counsellor who could provide additional support during emotional times, whether professional or personal.

The care provided at Valerie Manor was completely responsive to people's needs and wishes. Staff knew people extremely well and provided personalised care. Staff had time to listen to people and ensure that the care they provided was appropriate, discreet and respected people's privacy. Care plans provided detailed information and guidance to staff and included people's life stories and histories. It was clear that staff knew people and their families extremely well and had meaningful conversations with people. Activities were provided at the home and a range of external entertainers visited too. Outings were available into the community if people wished. People enjoyed the beautifully landscaped gardens and there were places where they could sit with their families and/or staff. People in the community also visited the home and provided entertainment for people which was enjoyed. Complaints were managed in line with the provider's policy.

People spoke highly of the care provided at Valerie Manor and of the talented, skilled and professional staff, including the management team. People felt actively involved in all aspects of developing the home through residents' meetings and provided feedback through annual surveys. Staff felt valued by the managers and spoke positively of the support they received which enabled them to do their jobs well. Staff said how much they enjoyed working at the home and of the family feel and pleasant surroundings. Staff were asked for their views through formal surveys and their suggestions were listened to and actioned if appropriate. The home worked in partnership with other agencies and had forged relationships with people in the local community. A range of detailed audits measured and monitored the quality of the care delivered and the service overall. This ensured that people received the best of care and that any improvements identified could be acted upon. Continuous improvement was at the heart of the home and people were central to every aspect of how the home was run. People and their relatives were effusive in their comments about the environment, the staff, the care and of the overwhelming passion for the home demonstrated by the owners and managers. Valerie Manor and its staff were held in high esteem and had developed an outstanding reputation to deliver high quality care.

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 very safe.

People and their relatives commented on how safe they felt living at the home. They were invited to comment on safety through annual questionnaires and at residents' meetings. The theme of 'safe' was at the heart of the home and people's safety had been considered in every way.

Risks to people and premises were managed in such a way as to minimise and mitigate risks.

People were happy with the number of staff on duty. Staff felt staffing levels were sufficient.

Medicines were managed safely. A pharmacist commented positively about the management of medicines and of the productive relationship between staff, the pharmacist and the GP. This helped to ensure people received their medicines when they needed them and that their medicines were reviewed annually.

The home was spotlessly clean and staff took pride in their work. Infection control systems helped protect people from the risk of infection.

Outstanding 

Is the service effective?

The service was very effective.

Staff were supported by management in a variety of ways such as training opportunities, supervision meetings and in reflective practice. Staff had access to a qualified counsellor to talk about professional or personal issues.

Consent to care and treatment was sought in line with legislation and guidance. Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and put this into practice. The registered manager worked closely with people and their families to ensure they were actively involved in decisions relating to their care.

Outstanding 

An exceptional standard of cuisine ensured people had a wide range of food and drink choices available. Social events were organised where people, families and staff could meet together to enjoy and try different foods and snacks.

People benefited from a range of healthcare professionals and services. The GPs at the local health centre spoke very highly of the management and staff at Valerie Manor and of the professional relationship that had been developed.

Is the service caring?

The service was exceptionally caring.

People, relatives and others involved in the home were extremely positive about the caring attitude of staff at the home. People valued their relationships with staff. Staff went out of their way to provide an exceptional standard of care and nothing was too much for them.

People told us they were involved in all aspects of their care and were supported by staff to achieve a meaningful life.

People were treated with dignity and respect and staff were discreet when caring for people.

End of life care was of an of an exemplary standard. People's wishes, and those of their relatives, were paramount, to ensure a comfortable, dignified, pain-free death was realised. Relatives were supported by sensitive and caring staff. Staff had access to a counsellor so emotions could be shared and they could reflect on each person's end of life experience.

Outstanding 

Is the service responsive?

The service was responsive.

People and their relatives talked about the quality of the care at Valerie Manor, which was responsive to people's needs. People felt involved in all aspects of their care.

Care plans were extremely detailed, providing intricate details that were important to people's quality of life and well-being. Staff were dedicated to providing a high standard of care.

A variety of activities was on offer and people had been involved in planning the activities. People could go out into the community if they wished. Visitors from the local community were also involved in activities at the home.

Good 

A complaints policy was in place. Only one complaint had been received in the last 12 months. A high volume of compliments had been recorded.

Is the service well-led?

The service was exceptionally well led.

People were involved in developing the service. Their feedback and ideas for improvements were sought and acted upon. Relatives spoke highly of the quality of care at Valerie Manor and of the outstanding staff who supported their loved ones.

Staff felt valued by the management and all spoke extremely positively about working at the home.

Continuous improvement was a driver in maintaining the high standards of care and quality of life for people at the home.

Without exception, people, relatives, staff and others spoke of the outstanding qualities of the management team and, in particular, of the registered manager. The home was very well led and managed.

Systems were in place to measure and monitor the service overall. They were effective in identifying areas for improvement which were acted upon.

Involvement in the community was an important part of life for people at the home. Working in partnership with agencies supported the home to provide a high quality service.

Outstanding 

Valerie Manor

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.

The inspection took place on 15 and 16 August 2017 and was unannounced.

One inspector and an expert by experience undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people and staff. We spent time looking at records including five care records, three staff files, medication administration record (MAR) sheets, staff rotas, the staff training plan and other records relating to the management of the service.

On the day of our inspection, we met with nine people living at the service and spoke with seven relatives. We chatted with people and observed them as they engaged with their day-to-day tasks and activities. We spoke with a relative of the registered manager (who helped with activities), registered manager, the office manager, the deputy manager, the head chef, three registered nurses, the head of residential care, a care supervisor and a laundry assistant. We also spoke with the pharmacist who supplied medicines to the home, a visiting member of the clergy and a counsellor/supervisor.

Following the inspection, we received written feedback about the home from the pharmacist who we met at

inspection, a GP, a nun from the local convent, an avoidance admissions matron and a hairdresser. All these people agreed their comments could be used as part of this report.

The service was last inspected on 1 and 3 July 2015. The service was published 'Outstanding' following that inspection.

Is the service safe?

Our findings

Valerie Manor offered an extremely safe and secure environment to people. Entrances and exits were protected and every visitor to the home was welcomed individually. One person said, "I am safe because there are lots of staff around. They offer assistance and reassurance and seem to enjoy their work". A relative told us, "My mother is safe because I know the supervision is excellent. She does not sleep well and they check her every two hours during the night". The provider had thought carefully about how they could ensure a high level of safety, whilst not restricting people. In May 2017, the provider had introduced a new section in the annual quality assurance questionnaires for people, relatives and staff to feed back how safe they felt. The questionnaire asked whether there was anything that the provider could do to make them feel safer. One person had stated they were worried that if they fell, they could not reach the call ball. As a result, the person was given an infrared pendant which they could wear around their neck, should they need to summon help. Another person stated, 'I feel safe, comfortable, stress and worry-free'. A relative commented they liked, 'The feeling of security. I have always felt, when leaving, I wasn't concerned or worried for their safety'. Another relative had written, 'My mother is impeccably cared for, contented and happy, despite her acute memory issues. She FEELS safe, even though at times she can't recognise where she is'.

The home had carefully considered how people's safety could be maintained. A new document, 'What makes me feel safe, what makes me feel happy' had been introduced where people had recorded what was important to them. Safety was discussed at residents' meetings and people were invited to comment on how they could feel safer. One person had shared that they accidentally banged their arm a lot on the towel rail in their room and would often cover it for protection. The management had changed the towel rail exchanging it for one with rounded edges. The person said this had made such a difference and made them feel safer.

Staff had a good understanding of how important it was to ensure people were safe. The registered manager told us, "The whole team look out for everything all the time, from the rector, hairdressers and chiropodists - they all did safety training. We try and learn from incidents". A visiting rector confirmed they had completed safeguarding training with the home and felt this had given them a good understanding about abuse. They told us they now knew what specific action to take if they had any concerns about people's safety. The deputy manager was a 'safeguarding champion' and undertook the majority of pre-admission assessments. These assessments had been reviewed to make them more inclusive of what made people feel safe. There were plans to make safeguarding more personal and meaningful to people living at the home, with care plans about how to make people feel safer.

We discussed some issues that had been reported to the Commission in relation to people's safety at Valerie Manor. Following discussion with the registered manager, it was clear that actions had been taken as a result of these concerns and that lessons had been learned. One safeguarding allegation turned out to be completely unfounded. Nevertheless, the issue was thoroughly investigated and reflected on by management and staff. A member of care staff demonstrated their understanding of safeguarding and explained, "If anything doesn't look right, I would report it straight away. You have to make sure things are

looked into and investigated. You need to be vigilant". The registered manager told us they were part of a local authority steering group related to safeguarding and that safety was paramount across all areas, not just in safe, but in effective, caring, responsive and well led.

Staff had completed training in safeguarding adults at risk. One member of staff said, "We have regular, yearly training, but it's an ongoing thing. We have a form for recording if anyone has any marks and we report straight away". One person told us, "The nursing staff are good and I feel safe with them. In an emergency, the staff have been brilliant in calling an ambulance". The registered manager said, "People really feel safe and have said so. They choose who they want to be cared for by and which staff they feel safe with. People's preferences are recorded, for example, in relation to whether they want to be supported by male or female staff".

Risks to people were managed so they were protected and their freedom was supported and respected. People were encouraged in their independence. For example, two people had been taught how to use the platform lift between the conservatory and dining room. This meant they could access these areas of the home, without having to wait for staff to assist them. A relative told us, "I think safety and risk awareness are priorities at Valerie Manor. I have no worries about the safety of my mother. She was not safe at home, but after her first week here, I had my first night's sleep for years; I was worry free".

People's risks had been identified and assessed appropriately. Risk assessments provided detailed guidance to staff on how to support people safely. We looked at risk assessments within people's care plans in relation to a range of areas, such as moving and handling, nutrition, falls and wound management. For example, we saw a copy of one risk assessment had also been placed within the person's daily records, so that care staff could easily access this if needed in an emergency. This meant that any required intervention could be swiftly done and any long-term effects minimised. People's risk of developing pressure areas had been assessed using Waterlow, which is universally recognised. One person had developed a deep wound whilst in hospital and nursing staff had received advice from a tissue viability nurse on how to treat the wound. Other completed assessments for people included their risk of becoming malnourished, using the Malnutrition Universal Screening Tool (MUST), a tool specifically designed for this purpose. Accidents and incidents were reported and the registered manager had a proactive approach in relation to preventing any reoccurrence. For example, one person sustained a fall and was admitted to hospital. As a result, the furniture in their room had been moved around and the person had been given an alarm pendant on their return from hospital. These measures had been taken to minimise the person's future risk of falls.

Premises and equipment were managed to keep people safe. Personal Emergency Evacuation Plans (PEEPs) had been drawn up for people. One person's PEEP informed staff that the person might need support and guidance from them in the event of an emergency, since they were hard of hearing and walked with a stick. Staff told us that fire alarms were tested weekly. One staff member said, "Grenfell Tower has made a difference and we realise how important it is to know what we're doing". A relative told us, "I have no worries about fire safety. They are very aware and have all the right equipment". Equipment was checked to ensure it was safe to use, for example, a monthly checklist was in place to monitor wheelchairs. A mattress audit tool for each room assessed the condition and safety of air mattresses.

There were sufficient numbers of suitable staff on duty to keep people safe and meet their needs. During the morning into the early afternoon, one registered nurse and four care staff were on duty, reducing to three care staff later in the afternoon, then up to four care staff at suppertime. At night, one registered nurse was on duty, supported by two waking care staff. The registered manager and her husband (the office manager) also lived on site and could help out if needed. The registered manager told us they rarely needed to use agency staff as some staff were able to work flexibly. Staff we spoke with felt there were enough staff

available. One staff member said, "Yes, we have really good staffing levels. One person said, "Bells are answered on time and they are never impatient. It might take longer to answer at busy times". In addition to nursing and care staff, there were housekeeping and catering staff, as well as hospitality assistants. The hospitality assistant helped with taking breakfasts to people and at mealtimes, as well as assisting with refreshments during the day. This helped the care staff and freed up their time to concentrate on looking after people's care needs. We looked at staffing rotas for August and these showed that staffing levels were consistent across the time examined.

Safe recruitment practices were evident. Staff files we checked showed that potential new staff had completed application forms, received a job specification, two references had been obtained to confirm their suitability and good character for the job role and checks made with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and help prevent unsuitable staff from working with people in a care setting. One staff member said, "I had a really good feel for the place when I came for interview".

People's medicines were managed so they received them safely. A relative said, "I think they have a good system for the medication, they record everything. Staff watch people swallow their medicines. I know for a fact that they keep an eye on my grandmother's intake. She doesn't take many pills, but they update her eye drops and give her an occasional laxative". The pharmacist who supplied medicines to Valerie Manor provided some extremely positive feedback. They said, 'The medications policies that are in place at Valerie Manor are some of the best I have encountered'. The pharmacist talked about, 'a dynamic relationship' between nursing staff and the pharmacy and how they worked in partnership with the GP to ensure that people had their medicines at the time they needed them. The pharmacist stated, 'I have been involved in detailed discussions with the manager as to the appropriateness of this and my thoughts and suggestions have not only been listened to, but acted upon. It is a credit to the home that it has an ability to react to external suggestion immediately'. We met with the pharmacist at the home and it was evident that he held the home in high esteem. He told us that he considered himself to be a member of the team and added, "If any problems or difficulties need sorting they just contact me and I come across. I think this is a wonderful place because it is so resident-centred. Residents are first on their agenda".

We observed medicines being administered by a registered nurse during the course of our inspection. People were given time to take their medicines and understood what each medicine was prescribed for. Some people had been assessed as competent to take their medicines independently. Referring to one person, a staff member said, "We check whether he has had his medicines". Medicines were audited weekly and medicines that were required to be refrigerated were stored within the recommended temperature range. An annual audit was completed by the pharmacist, who stated, 'Medication administration has never, in my opinion, been unsafe at the home, however, there is a constant strive to improve ... The recent audit was carried out as by an independent pharmacist to review the audit process. This showed all medication being administered correctly and safely'. The pharmacist added, 'The open and transparent approach to errors at Valerie Manor instils a confidence in the service, beyond 'doing the right thing'. It seeks to find ways to minimise error and predict workflow issues that may lead to errors'. When errors did occur, the home sought advice from the pharmacy and other healthcare professionals as needed, which contributed to the safety of people living at the home. People's medicines were reviewed annually by their GP. Around the time of each person's birthday, information about them, for example, blood pressure, pulse, height and weight, were supplied to the GP who then had access to all relevant information when reviewing people's medicines.

People were protected from the risk of infection. Monthly infection prevention and control audits had been completed. When people became unwell and were at risk of passing on infection, barrier nursing was

arranged. This helped to ensure that any infectious or communicable illnesses were not passed on, putting other people at risk. A relative said, "It's super-clean. They steam clean. They're good at barrier nursing and they've warned us when this needs to happen. Communication is good and they always ring us when Mum is unwell". We observed that the home was spotlessly clean and hygienic. One person said, "They are very clean here and they do all my laundry; I am very pleased with the laundry. They iron my shirts very well". We spoke with the laundry assistant who was devoted to providing a good service. She showed us the laundry room and said, "They buy me anything I ask for, whatever is necessary to manage the care of clothing". We were impressed with how well the laundry assistant knew the needs of so many people living at the home. All clothing had name tabs affixed and was returned to people within a day.

Is the service effective?

Our findings

The home had innovative and creative ways of training and developing the staff to make sure they put their learning into practice to deliver outstanding care. For example, the registered manager had talked about managing continence at a staff meeting. She had brought in some new continence pad products and staff were invited to pour quantities of water onto the pads to see how much the pads could hold. This enabled staff to have a better understanding of how to manage people's continence needs and personal care. A healthcare professional brought in various items such as headphones, glasses with dots on and rubber gloves, which staff were invited to wear to enable them to have a greater understanding of what it might feel like to live with dementia in a range of different scenarios. Following the tragedy of Grenfell Tower, staff had been involved in fire safety and training through thinking of situations that might occur at the home when they were on shift and how to deal with them. This meant that the fire safety training staff had received was put into practice.

People we spoke with were all of the opinion that staff were highly skilled and very well trained. One person said, "I think that is so because the manager is very good at selecting the right people to do the job". A relative told us about their family member and how impressed they were with staff in calming her when she became frustrated or angry. We spoke with a registered nurse who worked at the home and was also qualified to deliver training to staff. She said, "I come in at least once a month, sometimes more. I conduct training sessions in first aid at work, safeguarding and manual handling". The trainer went on to tell us she had a special interest in hoisting and insisted that care staff were hoisted themselves, so they were aware of how people felt. Staff also received dementia awareness training from a healthcare professional who told us, "I have never met anyone as passionate as [named registered manager]. She has such commitment, it is a pleasure to come here and teach". After our inspection, the registered manager informed us that the care team had been shortlisted for the National Care Team of the year, which everyone was very excited about.

New staff followed the Care Certificate, which is a work based award achieved through assessment and training. They shadowed experienced staff until they felt and were deemed confident to work more independently. Staff completed a range of mandatory training including moving and handling, food safety and hygiene, fire safety, first aid, safeguarding, mental capacity and infection control. Additional training was also completed by some staff including syringe driver, verification of death, end of life care, symptom management at end of life, dementia and challenging behaviour, continence and hospital avoidance. Training was provided to staff on specific health conditions such as Parkinson's disease. There were champions in the service who actively supported staff to make sure people experienced good healthcare outcomes leading to an outstanding quality of life. Some staff had received additional training and support to become champions in safeguarding and infection control. One staff member was a 'Dementia Friends Champion' and delivered training to staff so that every staff member could be a Dementia Friend. We looked at the staff training plan which showed the training that was organised for the year; staff had completed all training as required. Staff were reminded about dementia and invited to reflect on the consequences of this condition through quotes included in their pay slips, for example, 'What do you see?'

Staff spoke enthusiastically about the training they received. One staff member said, "We're constantly

changing things as part of our training and [named registered manager] is really receptive and approachable". Another staff member said, "I asked to do extra training and I feel I've achieved quite a lot. I like to help the nurses too".

In the Provider Information Return (PIR), the registered manager talked about how they worked closely with people's relatives to ensure that staff had a good understanding of how to support people effectively. The registered manager highlighted the importance of exploring with the person and their relatives to see how things might be done differently to meet not only the needs of the person, but of the whole family.

It was clear that the registered manager and management team cared for and valued the staff employed at Valerie Manor. Staff had regular contact with, and access to, a qualified counsellor. The counsellor told us, "If you look after the staff, then it transfers to the residents". They added, "In my view, supervision focuses more on the work and reflective practice focuses more on the self". The counsellor used reflective practice in group sessions with staff, to explore the emotional effects of their work and to encourage staff in their self-awareness and therefore resilience. Two staff members had recently been promoted and the counsellor organised a session to enable these staff to explore their new responsibilities and identify areas for development, with an emphasis on the need to support each other and manage change. One of these staff members talked about developing their new role and explained, "[Named registered manager] does everything, but if she devolves to us, it frees her up". This staff member told us that time had been made available for them to develop their new role. They talked about developing new documents with people and how this made them, "Feel a love for the job again. It is hard work and it is long hours, but I feel opportunities have been given to me". Nursing staff and management also had access to special sessions that looked at their management skills and team building. Referring to the registered manager, one person in their feedback stated, 'Her staff relations are excellent and the staff loyally support her".

Staff had regular supervisions with their line managers and were observed in their working practice. A care supervisor told us they completed weekly observations with staff, looking at how staff served food and drink, delivered personal care and how to make a bed properly. They also observed how staff interacted with people. Quarterly staff meetings were organised and records confirmed this.

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

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

A relative explained how staff encouraged their family member to be involved in decisions relating to their care. They said, "They allow her to make her own decisions, but sometimes she refuses to get up. They encourage her and I come in each day; we divert her attention and she complies". The registered manager provided an example of how they involved people and their families in decisions relating to their care. They talked about one person who have become unwell recently and that, although an advanced care plan was in place, a meeting was held to discuss the person's wishes again to ensure their needs were being met in accordance with their wishes. DoLS authorisations had been sought from the local authority, following

assessments of people's capacity. Records had been completed appropriately in this regard. Best interest meetings were held if needed. For example, a decision was made not to tell one person that a friend had been involved in a criminal activity as this would have caused them undue distress. The decision was taken in collaboration with the person's family.

An extremely high standard of cuisine was on offer at Valerie Manor. People were supported to have sufficient to eat and drink and were encouraged to maintain a balanced diet. People and their relatives were extremely complimentary about the food that was prepared at the home. One person, referring to the registered manager, had written, 'She has introduced great improvements in the quality of the food by introducing new catering staff after consulting with us residents'. Another person told us, "The food is excellent here and the chef is brilliant. They have a new chef here. He comes to talk to me because he knows I had an interest in restaurants". A third person said, "If you don't like the food on offer, you can always have something else. Food is discussed at residents' meetings ... and out comes the sherry before lunch!" We observed that people were offered the choice of a dry or sweet sherry during the late morning and a choice of wine or soft drink with their lunch.

We observed people having their lunch on the first day of our inspection. The inspector also sat down with people and ate lunch with them. Conversations around the table were enjoyable and sociable, with staff providing discreet support to people where needed. People could choose where they wanted to eat their lunch, in their room, the conservatory or the dining room. Tables in the dining room were attractively arranged with colourful table linen, cutlery and glasses. Each table was decorated with a fresh rose from the garden. No-one required a pureed diet, but the smoked haddock risotto was of a softer consistency, which some people preferred. Other people enjoyed a mixed grill, which looked very appetising. People could choose an alternative if they did not like either of the two main options offered as a first course. There was a huge variety of desserts on offer which were listed on a board in the dining room. These ranged from fruit salad to jelly, ice-cream, tarts, fruit flans and cheese and biscuits. The chef told us there was little waste at mealtime, because people chose food that they liked. A range of vegetarian options was also available. Allergens were recorded on the reverse of the menus available to people, so they were fully informed of any potential risks to their health in relation to certain food groups.

For people who chose not to eat in the dining room or conservatory, trays were made up for them. These were tastefully done, with silver cloches covering the hot plates and a flower in a bud vase. Staff were chatty and friendly with people during the lunchtime meal. People ate at their own pace and it was clear that staff knew people's food preferences. For example, we observed a staff member suggesting a particular type of flan to one person saying to them, "I know peach and raspberry flan is your favourite".

Staff at the home had been involved in the hydration project led by West Sussex County Council. The purpose of the project was to ensure that people drank in sufficient quantities; it is known that people who do not have enough fluids are at higher risk of developing urinary tract infections. The registered manager stated that staff had taken pride in exploring different ways of promoting hydration with people. The project had also acted as a reminder to staff that they should be properly hydrated too. Although the project finished in 2016, staff had remained enthusiastic about organising events and daily routines to promote the health and wellbeing, not only that people could enjoy, but staff as well. For example, regular 'hot chocolate' mornings were organised, smoothie mornings and a mocktail garden party took place. During the warm weather, choc ices and ice-creams were offered morning and evening for people to enjoy.

We spoke with the head chef at Valerie Manor and he demonstrated a real passion for ensuring that only high quality food was produced. He explained, "[Named registered manager] brief to me when she employed me was that she wanted the residents to be happy and have good food. We try and be the best

we can be. I care about what goes on the plate and about the residents. Anything cooked is used or disposed of the same day. If we do freeze food, it is for one month only". The head chef told us that there were no budgetary restraints on catering so that he could buy the best and offer quality meals.

People, their relatives and staff told us about a social event which was held on a Thursday evening in the library – The Rabbit Hole Club. This was an occasion at which people, families and staff met together. The catering staff provided a free buffet and a bar was set up. The head chef said, "It's an opportunity to showcase the food we produce". This meant that he could be inventive and creative in producing the buffet and receive feedback from people and their relatives about the kinds of food they enjoyed and any ideas for future menus. Food also featured prominently at residents' meetings in terms of discussions that took place in relation to the catering. The head chef added, "Families are in and out all the time and we will talk through the hatch [the kitchen was adjacent to the dining room]. We have a Sunday roast and a choice of fish on a Friday. I do try and give fish dishes a bit of a twist'. All food was freshly prepared and home-made. Game had recently been introduced and was proving popular. Family days were organised once a month where family members stayed for a three or four course lunch. A recent BBQ had been organised and 80 or 90 people had attended the event. The head chef said, "Monthly events are a way of getting everyone together and are very successful". These events were provided free of charge to people and their families.

Special diets were catered for and where people had been identified as being at risk of malnourishment, their meals were fortified to make them more calorific. People living with diabetes also followed a different diet. The head chef said diabetic ice-creams and jellies were available and artificial sweetener was used as needed. The head chef made a point of talking with people on special diets to ensure they were enjoying their meals and whether they wanted anything done differently. The registered manager told us about one person who did not eat well in the later part of the day and would often stay up into the early hours of the morning. Night staff offered this person snacks at night which they thoroughly enjoyed. Following on from this, the head chef now provides a handover form with food that he has prepared ready for the night staff to use for people who fancy a meal later in the day or during the night. Food was available to people 24 hours a day. This meant that people could eat at any time they fancied, rather than have to fit in with structured mealtimes.

People benefited from receiving support from a range of healthcare professionals. We received feedback from the local health centre where GPs regularly saw people, either in their surgery or at the home. One of the GPs gave their feedback: 'Valerie Manor is one of the nursing homes within our practice area. I have discussed the care home with my colleagues and the feedback has been universally very positive. Specifically it was felt to be very well led with a proactive and caring team. We have had no concerns in relation to safety and feel it has demonstrated effective, patient-centred care consistently. An excellent care home'. This GP went on to say, 'Staff are well informed about all of their residents and they are supportive and kind. The documentation of the resident's own beliefs and wishes is consistently good in their care plans. They treat patients with respect and dignity. The management team and staff will always make time to be available to support their residents and family members for difficult conversations and routine visits alike. They are also proactive in addressing the needs of palliative care patients and have a good working relationship with the health centre'.

One person said, "I think the local GP does rounds quite often, but they call him if they think it is necessary". Another person told us, "You can get your toenails cut and your hair cut here! I don't have any dental problems, but I recently had cataract operations. I was sent to hospital by the GP. Staff checked up on me afterwards". A GP regularly visited the home and healthcare visits were recorded within people's care plans. One of the care staff told us that a community dentist visited, opticians and chiropodists. They said, "Professionals can come here or people go out and visit them".

People told us they were involved in decisions relating to the environment and had been active in deciding how they would like the dining room to look in the future, as there were plans to develop this to become more of a restaurant. People's rooms were named after various birds, which was their choice. Some rooms had memory boxes located outside the door which housed items of particular significance to people, such as photos or ornaments. A few people found that having memory boxes at eye level was too distressing as reminders of a past they no longer had access to. As a result, and with people's permission, memory boxes had been placed above door lintels, not at eye level. Gardens surrounding the home were landscaped and provided relaxing spaces for people. People told us they had decided which trees to plant in the gardens and that they were involved in the planning for new herb beds and flowerbeds. A relative talked about when their family member moved to the home and said, 'We were also able to bring in some of her possessions to make her room more personal. Nothing was too much trouble for [named registered manager] and her team and we immediately felt the love and care that is apparent as soon as you enter Valerie Manor'.

Is the service caring?

Our findings

Both before and during the inspection, we received numerous, extremely positive comments about how caring this home was, from people, relatives, healthcare professionals and visitors. For example, a relative stated, '[Named registered manager] high standards are applied to herself first and foremost. She lives and breathes Valerie Manor and it shows. She has kept the home small in order to be able to continue to manage each small detail – she treats the residents appropriately as she would her own family, inviting them to her own wedding, including them in celebrations concerning the home if they wish to be included and, above all, taking a genuine interest in the welfare of both residents and their families'. A person living at the home commented, 'To sum up Valerie Manor, it is a very happy and well run place to live'. A nun from the local convent told us, 'The management and staff were always concerned that people's pastoral and spiritual needs were met and they always allowed me to go at any time when people needed me. The staff have always impressed me and the needs of each resident were always taken into consideration. So for me – welcome – kindness – care – professionalism – understanding – and love are the words I would use to describe Valerie Manor'. A healthcare professional had written, 'Compassionate staff the whole way through the home, from the cleaners to admin staff'. A visiting rector stated, 'My observations so far have been of a high quality of care for residents by every member of staff that I have come across, from the chef, to the driver, to care staff, nursing staff and administrative staff, and the owners themselves'.

Throughout our inspection, we observed lovely and caring interactions between people and staff. It was clear that people were encouraged to be involved in their care. All care staff demonstrated appropriate contact, smiling, hand touching, therapeutic pauses and eye contact. Staff showed sensitivity and empathy when chatting about things that were important to people. A relative said, "My mother feels loved. Everyone is open, there are no real concerns and everything is discussed. It is an open community. There are lots of discussions between staff, visitors and people, nothing is ever task driven. There is something to look forward to every day with lots of family involvement". One person told us, "My son is a GP and he says he has never seen a better care home than this; it is always full!"

To state that positive, caring relationships had been developed between people and staff would be accurate. However, it falls short of the reality of what life looked like for people living at Valerie Manor. Everyone working at the home had high standards, putting people right at the heart of the home, and it showed. We observed numerous occasions when staff spent time with people; nothing was rushed and people were relaxed and contented. Genuine friendships existed between people, their relatives and staff. The atmosphere at the home was warm and kind and a strong rapport ran through every part of the home. Nothing was too much trouble. For example, we observed the office manager asking people if the doors to the conservatory could be opened as it was a very warm day. One person responded that they were cold. A staff member brought them a white blanket to cover their knees, but the person refused this, saying they wanted a blue blanket. This was brought for them.

Staff bent down to speak with people at their level. One person said, "I think it's tremendously friendly here. Anything you ask for, it will be given if possible. Everyone's kind and friendly. They're terribly kind to visitors too". A staff member told us, "We know everyone inside out; staff and families care. We have a good

connection with families here. Staff are interested in people's lives and what's going on. It's always full of visitors. Sometimes I can't figure out whether I'm working at a care home or Costa Coffee!" They added, "Visitors can come any time. We've had visitors who come late at night". Throughout our inspection, we observed that relatives and visitors were made to feel extremely welcome as soon as they set foot inside the home. They were offered a choice of hot drinks and biscuits or cake. Relatives too, knew each other well. One relative had brought flowers into the home which they arranged in a vase for one person who had no visitors.

Staff went the 'extra mile' when providing care for people. The registered manager explained, "Staff don't always take tea breaks, they stay with people. Staff spend time here even when they're not working". The registered manager told us about one person whose grand-daughter was getting married. Two care staff accompanied the person to the wedding and even put a ribbon on the car, to make the journey feel extra special. One staff member even put on a chauffeur's hat when driving the car. Another person helped to organise books in the library at Valerie Manor. A member of staff would take any unwanted books to the charity shop and bring new ones back. Another staff member had brought in some aquatic plants for the water feature at the home, without being asked. Staff spent their free time socialising with people, for example, at The Rabbit Hole Club, where staff, people and families all met up for drinks and a buffet.

People's spiritual needs were respected and local clergy visited the home. We met with the local rector who was visiting at the time of our inspection. They said, "This home has the advantage of being smaller. The way in which staff speak with people is very caring. There is a genuine warmth and you feel staff like people". The rector had organised a monthly service at the home, which people could join in with if they wished. The last time 28 people had attended the service, which was held in the conservatory. The rector said, "[Named registered manager and office manager] are very proactive in their thinking. I've been very impressed with the home". A couple of people were also supported to attend the local church for services.

People's likes and dislikes, including their preferences, were recorded in their care plans. We read people's life histories which provided staff with details about people's past lives before they came to live at Valerie Manor. From the conversations we overheard between people and staff, it was clear that staff knew people extremely well. People were supported to express their views and we observed staff constantly checking with people. People were listened to and staff provided care and support in a personalised way. We were told about one person who had to take special medicine for a specific health condition. The person wanted to understand more about this, so the pharmacist came in, sat down with the person and explained to them what their medicines were for.

Staff treated people with dignity and respect at all times. A 'Do Not Disturb' notice affixed to a person's bedroom door meant they were either meeting with the counsellor or receiving spiritual support. When people received personal care, the care trolley was left outside their bedroom door, so they were not disturbed. One person expressed their total satisfaction with their care and said, "I have a shower twice a week. Dignity, privacy and respect are not problems. I don't mind if I have a male or female carer, they are all discreet. With some personal care, they encourage me to do as much as possible for myself". A staff member explained, "I show people respect when caring for them, cover them up and protect their modesty". When asked about how they would promote people's independence, this staff member told us, "I don't believe in taking everything away from people. I encourage people to wash their face and brush their hair".

End of life care at Valerie Manor was exemplary. Advice was sought from a local hospice when people were terminally ill. A relative told us, "The staff have enabled me to get on with my life. They know all her wishes about end of life care, so I am at ease as well". We looked at care plans which described how people wished to be cared for as they reached the end of life, these included advanced care plans or 'living wills' which had

been signed by people and/or families. The registered manager said, "Some people want particular staff with them at the end of their life and we arrange for that". They told us about advanced care planning and how this might be organising taking people out for one last time into the community. One staff member, referring to end of life care, said, "We give 100 per cent to end of life care. We treat people how we would like our loved ones treated". Another staff member said, "Families can stay with their relative and they're fed and watered. Families get a lot of support". This staff member also talked about the support they received. They explained, "When someone dies, we all sit down and talk about how we're feeling and whether it went according to people's wishes. We discuss the care plan. It helps new staff feel at ease. It's not easy when relatives are upset". The counsellor said, "Staff face the death of a resident and do all they can to ensure a good death, as well as supporting families".

The home had been recognised in their end of life care and had recently achieved Platinum status for the Gold Standards Framework (GSF). In the Provider Information Return (PIR), the registered manager stated, 'One area that all staff pride themselves in is our end of life care. All residents, unless they decide not to, have an advanced care plan, so staff and relatives can respect their wishes towards the end of their life. Several relatives still return to Valerie Manor for social events as they have seen us all as part of their family as well'. The registered manager talked about the importance of supporting families as their loved one reached the end of their lives and also about providing emotional support for staff, following the death of a person or in a difficult situation. Earlier in 2017, the home had introduced the role of GSF Champions, an evolving role for staff. In the PIR, it stated, 'We felt that although we provide high standards of end of life care, this is an area where so much emotional, physical and spiritual support is required for the residents, their family and staff. We felt that the Champions could provide this support to everyone'. Staff had completed all appropriate end of life care training and Champions were supporting staff to complete the GSF course on end of life care.

At the time of our inspection, one person was reaching the end of their life. The family were spending time sitting with them. Staff were discreet and sensitive in their approach with relatives, providing emotional and physical support when required, then stepping back when not needed. The relatives were given the space they needed to deal with the sadness of their family member's imminent death. Staff were on hand and copious amounts of tea, coffee and food were on offer to the relatives. We did not intrude on this situation, but we observed how kind and sensitive staff were to the family. At staff handover, which we listened to, the nurse in charge communicated the current situation and care needs of the person who was reaching the end of their life, in a compassionate, caring and sensitive manner. When family members needed time away from their loved one, staff sat with the person, so they were never left alone.

Is the service responsive?

Our findings

Without exception, people, relatives and professionals described the care at Valerie Manor as of an extraordinarily high standard. People received exceptional, personalised care that was responsive to their needs. In the Provider Information Return (PIR), the registered manager stated, 'We pride ourselves in giving personalised, dignified care at Valerie Manor and are very proud to have been awarded the National Care Team of 2015, National Care Home of 2016 and have been short-listed for the National Independent Care Home of 2017. We have a befriending service for residents who may feel isolated or not have as many visitors as others, to ensure that personalised, additional support to reduce the risk of isolation from the community'.

A healthcare professional stated, 'As they know their residents well, there is good anticipatory calling of other professionals in when things are changing'. People and their relatives were involved in the planning of their care in a proactive way. A relative stated, 'I can honestly say that I don't know how we would have coped had it not been for the incredible care she received at Valerie Manor. Care which has been organised and supervised down to the last tiny detail by [named registered manager] leadership. The manager's standards are impeccably high. Her underlying philosophy is that all residents should be cared for by all staff as if the resident were a member of the staff's own family, and she meets those standards without fail'. Another relative had written, 'The manager listened to our concerns and anxieties and reassured us that at Valerie Manor, our mother would receive the best possible care and be very well looked after. We left the care home feeling very optimistic, especially knowing that the ethos of the home was to look after the residents with respect and as individuals and also, that they would be looked after as if they were in their own home. We visited lots of care homes that summer, but nowhere seemed to offer the love and care that we felt at Valerie Manor'. The home provided care in a holistic way that ensured people, and those that mattered to them, were fully involved in care planning and in social activities. Every aspect of a person's life was considered and catered for where possible.

We asked staff how they supported people in a person-centred way. The essence of being person-centred is that it is individual to, and owned by, the person being supported. A person-centred approach to care focuses on the person's personal needs, wants, desires and goals so they become central to the care process. People's needs take priority. The home was proactive, responding to changes when needed. There were systems in place to drive continuous improvement. One staff member said, "The staff adapt really well to constant changes and changing needs of residents every day. If people need food and fluid monitoring, dependent on need, for an example, a urinary tract infection, we would record their fluid intake. The residents are monitored daily and we talk about where changes are made". They added, "The staff are really good at noticing changes. Staff have a genuine relationship with people. It's a busy job and can be emotionally draining. We have a significant event analysis meeting after anything has happened. For example, if someone collapses and gets taken to hospital, we look at how that has impacted on staff, how we feel and any changes to what we did. I just feel I'm able to do my job properly here and it's nice I can do my job well for the residents". Another staff member told us, "Things change continuously because people change and their needs change. You have 23 different personalities here and you treat them all differently. We know what people like. We don't provide institutionalised care here".

Relatives spoke of the outstanding calibre and flexibility of staff. One said, "It's much more of a vocation than a job for these people. [Named registered manager and office manager] were serving meals last weekend and they will do it if they need to".

We looked at care plans which were extremely detailed and written in a person-centred way. For example, one person on waking, enjoyed a large mug of tea, so staff needed to ensure they received this, with the spoon left in the mug, which they preferred. There was information in relation to people's continence, medicines, skin integrity, mental state, day and night routines, personal care needs and leisure and social activities. People told us they felt fully involved in all aspects of their care planning, especially in relation to how they wanted to spend their time. One person said, "My daughter is involved with my care plan and we have special meetings to discuss it". Another person told us, "The care here is second to none. Standards are extremely high. They have sensor mats around and they monitor everything. I could not ask for more. Staff are kind and compassionate and I have peace of mind".

In one person's care plan, we read they could suffer with anxiety and become distressed and confused easily. Their relative had been asked to put together a pictorial life history of every aspect of this person's past life. A 'memory book' had been organised and was kept in their room. Staff could use the book to help this person remember things through looking at photos which meant something to them. A diary, recording various events, also acted as an aide-memoire for this person. Use of the memory book and diary helped to distract and calm this person when they became anxious. Another person could display inappropriate behaviour as a result of their dementia. There was clear guidance on how staff should address this with the person, with a reminder of how it was the dementia that affected this person's behaviour. In another care plan, we saw that the person's comments had been recorded in relation to their health condition, their prescribed medicines and their diet, which was needed to help their health condition. We attended the staff handover meeting in the early afternoon. The registered nurse clearly communicated how people had been that morning, their emotional states and any care interventions that had been completed. Staff demonstrated in their conversations that they knew people really well.

Our overall impression of the home was that people's wellbeing was central and staff were dedicated to ensuring people had a good quality of life; a life that was spent in the way people wanted. A relative said, "You are aware of little improvements happening day by day". Another relative said, "They even have sherry mornings just before lunch. They will go to great lengths to ensure the comfort of residents and guests. It's quite like a hotel!" One person who loved their books and had helped to establish an alphabetically arranged library said, "They built me a bookcase in my room and later a second one to accommodate my collection". A large sum of money had been spent on a profiling bed for one person as an ordinary sized profiling bed did not fit into their bedroom.

Regular six monthly meetings took place at which people and their relatives were invited to review people's care plans. Every staff member was aware of people's preferences and choices. One person said, "I like to stay in my room and do my crossword. I also like to be taken round the garden in my wheelchair by my favourite male carer". A relative told us, "[Named office manager] is excellent. My gran had problems with wi-fi. He rectified it so she could talk to her son in Hong Kong. Then she could not deal with a password and he sorted that out. Unfortunately she can't manage her tablet any more, but it was good at the time". In the PIR, the registered manager stated, 'We love the fact that everyone involved in Valerie Manor feels that they can make suggestions to improve care and we can work together to ensure residents' needs are met. The residents can lead a positive life here with the support and assistance of staff'.

A relative of the registered manager helped to organise activities at the home. External entertainers visited regularly and an 'activities menu' was produced weekly. A weekly blog was posted on the home's website

which showed what activities were on offer, so relatives and others were kept fully informed. The Rabbit Hole Club, held monthly, was a popular social occasion. A relative told us, "One of the highlights is that event. We'll have over 50 people there. Staff come whether they're working or not. For one and a half hours you would never know you were in a care home". On the morning of the first day of our inspection, a singer was entertaining 11 people in the conservatory with songs from musicals. People were enjoying this event and encouraged to sing along, whether or not they knew the words! One person told us, "Residents plan the activities. We had a special meeting the other day and were asked about colours and wallpapers for the home. It's definitely run for residents".

Everyone we spoke with was happy with the amount and variety of activities available and that these reflected their interests. We were told about outings into the community in the 'jalopy', as the home's minibus had been affectionately nick-named by people and staff. A staff member said, "People go on regular trips, once a week, it's different residents. Sometimes it's just a drive around". The staff member talked about how some people enjoyed helping in the garden or with crafts and said, "Although it's still care, it's a different aspect of care". A large BBQ held recently had been popular and a staff member commented, "It was a really good way of cementing relationships". One person was thrilled with the success of the BBQ and told us, "My grandson said no other home would put on a spread like this. They're so generous here. We have three parties every quarter. Every resident can bring a guest to a party. It helps get people together in a big way". A monthly Sunday roast was organised at which people and families could enjoy lunch together. Activities on offer in the week 5 – 11 August 2017 included a hot chocolate morning and manicures, aperitifs in the conservatory, chair exercises and reminiscence session, singer/guitarist, hairdresser visits and clarinet and piano player, smoothie morning and an outing into the community in the jalopy for whoever fancied this. People were invited to make suggestions for outings. In addition, people were free to stroll around the gardens, which were pleasant and relaxing. On the day of our inspection, people were sat with their relatives enjoying the afternoon sun, with a tray of tea and cakes.

A staff member said they had asked people if they wanted more activities and everyone said they were happy. The staff member told us, "For people who don't come out of their room, we make sure they get what they need". They said they would go and chat with people who preferred to stay in their rooms and always did this at the start of their shift adding, "We don't want people to feel ignored". A relative of the manager told us about the activities and said, "People love dance, music and small amounts of physical exercise. One staff member is a flower arranging expert; she has been here 12 years and is well appreciated". People came to the home from the community, for example, members of a village dance club and school girls came to sing from the local convent school. Country and western singers were popular and Pets as Therapy (PAT) dogs visited. People were invited to attend a second wedding reception when the registered manager got married.

Complaints were listened to and learned from. According to the provider's complaints policy, complaints were responded to within 28 days of receipt. Only one complaint had been received within the last year and this was responded to promptly and to the satisfaction of the complainant. People we spoke with said they knew how to complain, but had never needed to. One person said, "If there are any issues I just talk to the manager or the nurse. They will iron out any concerns on the spot". A relative told us, "If I have any problem at all, I can drop the manager an email and it's sorted straight away, nothing drags on". In the PIR, it stated one complaint had been received within the last 12 months and 92 compliments. Compliments ranged from congratulations on the various awards the home had received and thank-yous to staff.

Is the service well-led?

Our findings

We received so many accolades about the management of Valerie Manor and a high volume of responses from a range of professionals when we asked for feedback. At inspection, everyone we spoke with was extremely keen to share their views about the high standards of care at the home and of the incomparable skills of every staff member who worked there.

In the home's Statement of Purpose we read, 'You've lived a certain lifestyle for the last 30 or 40 years. Imagine then, if in your old age, you were forced into an environment where people understand nothing about you and have no bearing on your life'. In every aspect of life at Valerie Manor, we found a strong sense of empathy and understanding of people's needs and an unparalleled commitment from the management, staff, relatives and professionals to provide a level of care that was uncompromising in its high standards. A relative told us, "Mum would never really relish this environment, but they've been fantastic from the word go. It took time for Mum to adjust. We have huge respect for [named the registered manager and office manager]. It's much, much more than a care home, it's a way of life, for staff as well".

People were very much involved in all aspects of the home and how the service was run. One person told us they had helped to interview the head chef before he commenced employment and the registered manager said that people were actively involved in the recruitment of new staff. Residents' meetings were held monthly and records confirmed this. People's suggestions and ways to improve the home were listened to and taken seriously. One person liked looking after the birds in the grounds of Valerie Manor. Bird tables and feeders had been set up in the gardens and the person enjoyed feeding the birds with any scraps or titbits. In the Provider Information Return (PIR), the registered manager stated, 'The staff often say that what the residents want, they get, which makes me very happy as we feel we respect each wish of the resident and staff go out of their way to meet their needs'.

A relative had written, [Named registered manager] is a remarkable manager. She is very conscientious and always striving to do the best for the residents, her staff and the families. She always welcomes us with a smile and a hug and is ready to listen to us if necessary ... Her staff are happy and know the ethos of the home and nothing is too much trouble for them. It is always a pleasure to visit and the staff carry out their duties cheerfully and have a good sense of humour'. They went on to say, 'The manager holds residents' meetings regularly and staff and families are invited to attend'. In the PIR, the registered manager stated, 'I recently tried to set up relatives' meetings and the feedback to this was, 'why do we need that when you are available on a 1:1 basis when we need you or have any questions or concerns'. This reassured me that people thought we responded well to any suggestions made'.

The home had a track record of being an excellent role model, actively seeking and acting upon the views of others. People, relatives and visitors were asked for their feedback about Valerie Manor through a quality assurance survey. Twelve people had responded, nine relatives and six visitors in the survey completed in June 2017. Comments recorded were all extremely positive and related to the friendly and welcoming manner of staff, effective communication, the excellent food and the attention to detail. A member of the clergy who had been associated with the home had written, 'Being associated with Valerie Manor has been a

privilege and a joy. To watch your vision take place and to see the home become the best in the county and country has been amazing. You all work so hard and are so dedicated. You are an inspiration to others and me'. There was a strong emphasis of continually striving to improve the home. People had been asked for ideas for areas of improvement and each comment had been recorded and acted upon. For example, one person wanted home-made cakes to be made available each afternoon and this had been arranged. Another person commented on security lights outside of the home which an electrician had reviewed.

Staff were inspired by the exceptional standards set by the registered manager and the rest of the management team to provide a quality service. Staff were also asked for their feedback through a survey and 27 staff had responded. Comments were uniformly positive including, 'I love caring for the residents, providing quality care and making the residents smile' and, 'I love my job! I love the team working together, the family atmosphere and positive environment'. Staff had also been asked for their suggestions about how the home could be improved and these had been listened to and acted upon. Staff were effusive in their praise for the environment of the home and for the management. In relation to the staff, a relative stated, 'All the staff are expected to take an interest in each resident and to get to know them and, from cleaning staff to managers, they do. The exceptional retention rate of all staff goes a long way to testify the quality of care, both of residents and staff, at Valerie Manor'.

We talked with staff and obtained their views about life at Valerie Manor. One staff member said, "When things do go wrong or need sorting out, for example, staffing issues, we have staff who work extra shifts. If we aren't delivering our best practice, things are changed quickly and improvements made. We deliver personalised care and I feel listened to. Everyone does, from housekeeping to the chef to care staff, everyone is valued. There's a zero tolerance here for any nonsense. We all work closely together and it can be emotionally charged". Another staff member said, "It's just like a family environment. We all get on. You can talk with every relative". When asked if they felt anything could be improved about the home, this staff member said, "I can't think of anything. If we think something needs improving, we get on it". A third staff member told us, "There is a great team spirit here and the place is extremely well looked after and maintained. There's a lot of support from management, not just financial. It's busy and demanding, but when people work together, it makes it enjoyable rather than just a job".

It was clear from staff we spoke with that they felt valued by the management. Referring to the management team, one staff member said, "You see them every day and they genuinely care. I was offered counselling when I was going through a difficult patch. If we're feeling drained and tired, [management] will come in with bottles of Prosecco (for consumption off duty) or doughnuts. The place runs well because of the management. I can talk to them about anything". Referring to the registered manager and office manager, the staff member said, "They say they're going around 6 or 7pm and then they appear again! If there's a problem, they can pop down". The registered manager said, "Staff care for each other, they might bring biscuits in. In tough times they stick up for each other". Staff also told us about social occasions at a local pub where they enjoyed food and drinks paid for by management. Staff received Easter eggs and a present from the managers at Christmas. One staff member said, "I get up in the morning and I enjoy going to work".

The home was managed exceptionally well, with good leadership visible at all levels. Feedback about the registered manager of Valerie Manor was unequivocally positive. For example, a relative commented about the high standards at the home and stated, 'None of this could take place without leadership of the highest standards ... [Named registered manager] has never failed in her vision of providing care for our elderly of which we can be unhesitatingly proud, demanding high standards of her staff, but above all for herself. She truly is an exceptional person'. A staff member said, '[Named registered manager] lives, breathes and sleeps for the home, the residents, making sure everyone is looked after to the highest standards. She will go way

above and beyond her duties as a registered manager/owner to make sure everyone is happy'. At the time of our inspection, the office manager shared with us that they had nominated the registered manager for the National Registered Manager of the Year awards. We later heard that she had been short-listed for this award.

High quality care was integral to the home and robust systems were in place to drive continuous improvement. We looked at audits relating to every aspect of the home, from premises to care plans, accidents and incidents to infection control, health and safety, laundry, premises and medicines. Where areas for improvement had been identified, actions were recorded on how to address these. Key Performance Indicators (KPIs) had been drawn up in relation to staffing, wound management, complaints, medicine errors, hospital admissions, infection, safeguarding and staffing levels, with each KPI monitored, measured and compared over time in relation to progress made or actions required. At the time of our inspection, we were told there were 99 people on the waiting list, people who were looking to live at Valerie Manor when their needs dictated. This was indicative of the excellent reputation of the home that had been developed over time.

The home had developed effective partnerships with other agencies to ensure they were following current practice and providing a high quality service. Reflective practice was very much part of how care could be improved and really focused on people's care and support needs. The registered manager was part of a group which shared best practice and had been invited by the Commission to participate in meetings which were attended by other registered managers of care homes that had previously been rated as 'Outstanding'. The registered manager was held in high esteem and had been asked to judge in the National Care Awards.

Being part of the community was intrinsic to the ethos and culture of the home. Coffee mornings in the community, church services, involvement of local school children, a befriending service, community teas, all demonstrated that people's lives were not insular. Opportunities were available for people to lead meaningful lives outside of the home. This was so important for many people who lived at Valerie Manor as they had lived locally. A pharmacist had written, 'It has been a pleasure and a privilege to provide a service to this nursing home ... The home's involvement in the community has been very positive and has led to training events, allowing staff outside the home to become dementia friends, as one example'.

There was a wealth of recommendations about the home. For example, 'I cannot recommend Valerie Manor enough. I am always impressed by the family atmosphere and the friendliness'. Another comment, 'I would be happy to recommend Valerie Manor to anyone interested in either long or short-term care' and, 'Valerie Manor is a very special place and the love and care found there are almost tangible'.

On a care home website relating to June 2017 we read, 'All staff – management, carers, chefs and cleaners – have been most attentive, helpful and always create a happy feeling in and around the home ... Time is always given willingly and it is clear from all that my mother says and her general demeanour, she is very happy and pleased to have made her new home at Valerie Manor'.