

## Manor Lodge (Devon) Limited

# Manor Lodge

### 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?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Manor Lodge is a residential care home providing personal care for up to 38 people aged 65 and over. During our inspection, 32 people were living at the home.

People's experience of using this service:

People were positive about their experience of living at the home. For example, a person said, "I can't praise them enough. I haven't found anywhere that can hold a candle to this one. It's five star and I am lucky to be here." A relative described their experience of researching care homes in the areas, ""We looked around about five homes in Exmouth. We felt this one has a nice feeling. The whole environment, and nice gardens."

People were cared for by a registered manager and staff team that were committed, compassionate and knowledgeable. Staff actively encouraged people to express their views and be involved in changes to the service, such as alterations to the decor.

People received personalised care and support specific to their needs and preferences. Care staff conversations with people showed they knew people well and what topics would interest them. People were encouraged to live a full and meaningful life. Engagement in activities and networks outside of the service was an important part of people's lives, including raising money for charity.

Staff provided emotional support to people, their families and friends. Staff took seriously their responsibility to make people feel safe and pain free at the end of their life. Staff spoke enthusiastically and passionately about how they provided people with high quality, person-centred care. They were skilled at recognising when people were feeling vulnerable, needed reassurance and empathy.

People's wishes, suggestions and concerns were listened to, respected, and acted on. People were supported by staff who respected their privacy and dignity. Their nutritional needs were met, and people praised the quality of the food.

Assessments identified when people could be at risk. They covered people's physical and mental health needs and the environment they lived in. People were protected from abuse because staff understood their safeguarding responsibilities. People were supported by staff who completed appropriate training and understood their needs.

Care staff were recruited to suit the caring values of the service and recognised the importance of team work to provide consistent and safe care. Staff spoke confidently about the care they delivered and affectionately about the people they supported. They understood how they contributed to both people's physical health and mental wellbeing.

Referrals were made in a timely manner to health care services when people's needs changed. People were

supported to maintain good health and had access to appropriate services, which ensured they received on-going healthcare support. Medicine administration, recording and auditing was safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service reflected this practice. Information was in place to ensure people's legal rights were protected.

The management team, through regular reviews and observations of staff practice, showed a commitment for people to receive a good quality service. Feedback from people using the service and quality assurance records showed this had been achieved.

Rating at last inspection (and update):

The last rating for this service was Good (published 17 July 2017). At this inspection, the rating remained the same.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Manor Lodge

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one adult social care 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

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### What we did:

Before the inspection, we reviewed relevant information we had about the service, including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. A notification is information about important events, which the provider is required to tell us about by law. We checked the last inspection report and contacted the local authority for information.

The service completed a Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make.

During the inspection, we spoke with eight people living at the home, five relatives, five staff members, the registered manager and the provider. Some people using the service were living with dementia or illnesses

that limited their ability to communicate and tell us about their experience of living at Manor Lodge. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not speak with us and share their experience fully.

We also gathered positive feedback from six health professionals. We reviewed two people's care records, including assessments, staff files, records of falls and complaints, audits and quality assurance reports.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained as good.

Good: This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

- Good infection control practice was in place. Housekeeping staff worked closely with care staff, with thorough systems in place for controlling potential risks of infection. This helped maintain a clean and odour free environment.
- Housekeeping staff took a pride in their work and worked closely as a team. They understood the impact their role had on people's dignity and well-being. A visitor said, "There's always an immediate response if there's a problem."
- People told us they took pleasure in the appearance of their surroundings with visitors also commenting on how the home was "spotless" and always smelt clean.
- The laundry was spacious, well maintained and well run to help prevent cross infection.

### Using medicines safely

- People received their medicines safely, and in the way prescribed for them. For example, there was guidance in place to ensure staff applied prescribed creams correctly.
- Staff were trained and checked as competent before they administered medicines.
- Medicines were held securely, including medicines requiring extra security, and records were accurate.
- Staff checked with people if they were in pain and observed their body language to help them assess any pain and what action to take.

### Systems and processes to safeguard people from the risk of abuse

- All staff, regardless of their role in the home, understood their responsibilities to protect people's safety and had been trained in safeguarding people from abuse. Notifications by the registered manager showed they knew when to raise safeguarding concerns and protect people in their care. A person said, "The staff are just lovely ... I haven't seen any member of staff show annoyance with any of the residents."
- People were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents. Staff recognised how certain situations could trigger people's anxieties, which could impact on others. For example, providing a quiet area for a person to eat without being made anxious or distracted by the sounds of a communal dining room.

### Assessing risk, safety monitoring and management

- Risk assessments identified when people could be at risk of harm; individual risk assessments in the care records covered people's physical and mental health needs.

- People and relatives said staff working practices made them feel safe. A person described how staff supported them in a safe manner and involved them. They said "They definitely tell me what they are doing. I have always felt they knew what they were doing."
- Staff understood the risks to people's health and their safety and supported them in a way to help reduce these risks. For example, acting on the outcomes of risk assessments to reduce people's risk of pressure damage to their skin. Recognised national assessment tools were used to assess people's health risks, and equipment was put in place to manage or reduce identified risks. Incident/accident reports were analysed, including falls reports, to reduce risks to people's safety.
- The water system at the home was thermostatically controlled to protect people from the risk of scalding. Staff also checked water temperatures before people used the bath to ensure the temperature was appropriate and safe.
- External contractors undertook regular servicing and testing of moving and handling equipment, electrical and lift maintenance. Fire checks and drills were carried out and there was regular testing of fire and electrical equipment. Staff reported repairs and faulty equipment, which they said were dealt with quickly by the providers and the maintenance team.

#### Staffing and recruitment

- People benefited from a conscientious, stable staff team who knew them well and could meet their current care needs. The atmosphere was relaxed, and staff were not rushed. People and their relatives said care workers had time to do their job properly. For example, "They will check to see if you need anything. They are very quick to help if they see someone needs it." People said, "The call bells are answered very promptly", "It doesn't take them long to come."
- Newly recruited staff suited the caring values of the service. Staff recognised the importance of team work to provide consistent and safe care, which was evident by their practice and responding to people's emotional and physical needs.
- Recruitment procedures ensured necessary checks were made before new staff commenced employment. New staff had a full employment history and had relevant references, for example from previous employers in care. Disclosure and barring service checks (DBS) were carried out to confirm whether applicants had a criminal record and were barred from working with vulnerable people.

#### Learning lessons when things go wrong

- Accidents and incidents were reported, investigated and monitored for themes and patterns.
- Strategies to manage further accidents and incidents were used to update people's care plans and risk assessments.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained as good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The home's statement of purpose said, 'Our aim is to provide a safe, homely environment with the luxurious atmosphere of a prestigious hotel.' Communal areas were distinctively decorated; people said they were consulted about changes to furnishings and colour schemes. People took pleasure in the high standard of the home's appearance and spacious layout; they said, "What a lovely place this is." Staff said the investment into the home's appearance had a positive impact on their well-being, which made them feel valued.
- People were proud of their rooms and appreciated the freedom to bring in furniture or items to reflect their personal taste. One person said the home's appearance and garden "lifted their spirits." Their relative confirmed the providers were "always doing something here to make things better." For example, since the last inspection the decking had been expanded and updated with a nonslip surface. The garden was a social hub. People met up with each other, making new friendships and commenting on the flowers and plants. Other old friends spent time together protected from the sun by parasols.

Staff support: induction, training, skills and experience

- People commented on the availability of training for staff; the registered manager explained people living at the home sometimes chose to participate in training sessions. People said, "Yes, they must be well trained to do what they do...It's pretty regular" and "There seems to be a lot of it [training]. I get the impression the management want the staff to be well trained. They are a very cheerful lot."
- The practice of new staff was observed as part of the induction process and they were paired with an experienced staff member. There was a planned induction process, for example staff completed the Care Certificate (a national training scheme) and their practice was observed as part of this process.
- People benefited from a staff team who respected each other's roles and skills and worked together to provide a consistent standard of care. A staff member commented "I like my job very much, although some aspects can be challenging. If residents are passing or (there is a) cause of concern if a resident is poorly, you can always get support from management and staff."
- Staff spoke confidently about how they supported people and understood how they contributed to maintaining people's health and wellbeing. People praised the qualities of the staff group. For example, "The way the staff have looked after me is absolutely superb."
- General training topics included safeguarding, infection control, medicine awareness and food hygiene. An external training provider said fire training was maintained to a high standard. Staff were encouraged to develop their skills, including undertaking nationally recognised qualifications, which are a competence-

based qualification. The registered manager said they planned to source specialised training in Parkinson's Disease to increase the staff group's knowledge in this area of care.

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

- People's nutritional needs were met. The chef spent time with people when they moved to the home to ensure they could cater for their likes and dislikes, which were recorded. People confirmed this knowledge was then reflected in their individual meals.
- People praised the quality of the food describing it as "Excellent", "99% of the time it's what I like" and "I go up to the dining room for main meals, with breakfast in my room. There's a set menu and we had liver and bacon one day and I chose to have cold ham. I was very happy with that. There's a bowl of fresh fruit available in the dining room at any time." A relative said, "She loves the food, really enjoys the food here and looks forward to meals."
- Staff recognised when people's physical health needs changed and impacted on their swallowing. They requested speech and language professionals to assess how people should be supported to eat and drink safely. People's records showed health professionals' guidance was followed. Conversations with staff showed they had been updated to changes in people's meal preparations. Attentive staff supported people with their meal; people ate in a leisurely manner without being rushed.

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

- The home's statement of purpose said, 'Often our care staff can see something brewing and are quick to treat the ailment or promptly call in the necessary services.'
- Staff were quick to recognise changes in people's health and request an assessment from health professionals. Care records showed staff worked closely with health professionals, following their advice and ensuring appropriate equipment was in place. GPs said staff were quick to raise concerns and pick up on health changes and request medical advice. Community nurses also confirmed staff were responsive to changes in people's health and proactive to seek advice and act upon it.
- Visitors said, "If there's a problem they do call me, they are pretty prompt" and "They are very good at phoning me when Mum is not well."
- Records showed staff worked with a range of community health professionals to maintain and promote people's health, such as chiropodists. Oral health care assessments were completed to ensure staff knew what level of assistance people needed.

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

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. There had been one application made to the local authority regarding the need to deprive one person of their liberty.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- The registered manager checked if relatives had the legal authority to be involved in decisions relating to health and welfare or finances. This meant people's legal rights were protected. Staff asked for people's

consent before they received care or support.

- The registered manager recorded best interest decisions where people were not able to take particular decisions, such as the use of an alarmed mat if they were at risk of falling to alert staff to help them. Following discussion during the inspection, they said DoLS applications would be completed regarding the use of this type of equipment when people did not have the capacity to consent to its use.
- People had signed their care plans to show their agreement with aspects of the care.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity;  
Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Our observations and conversations with staff provided many examples of their commitment to supporting people in their preferred manner and respecting their privacy. For example, staff took time to ensure a person with sight loss knew what food was in front of them and where it was on their plate. They offered to sit with the person, who said "Keep your ears open and I'll give you a cry for help if needed." The staff member respected their decision and said "OK, I'm just here." We saw the staff member gave the person space but was also attentive, letting them know they were in the area because the person could not see them.
- Staff practice maintained people's dignity by discreetly checking with people if they needed support to use the toilet and knocking on doors before entering. People said this was the staff group's normal practice. Some people told us their appearance was extremely important to them; staff described how they respectfully supported people to maintain their personal style. People chatted with each other and the hairdresser; it was a social occasion.
- Throughout the inspection, people were treated as individuals, and we saw many examples of good staff practice. Staff made sure a social activity was inclusive to ensure people with varying degrees of mobility and confidence were all involved in the group activity. This helped people relax and be at ease with one another. They congratulated each other on their skill and also commiserated with one another, for example if they missed a shot in a game of tin can alley.
- The atmosphere was welcoming; which visitors confirmed. A facility in the dining room meant visitors could make their own drinks but were also offered drinks and cake. Hot drinks and snacks were served in the dining room, which encouraged people to meet up during the day. People sat and chatted with each other and their visitors; others chose to have drinks served in their rooms, the lounge or garden.
- Staff described their sense of pride in their job and recognised how their behaviour impacted on people's sense of well-being. They knew what was important to everyone. For example, sitting with a person to look through their photo album with them and giving them time to share family stories. A staff member described feeling "valued and respected." The registered manager said if staff felt valued, they passed on this respect to the people they supported, which people living at the home confirmed happened.
- All staff signed to show they understood how call bells must always be available to people and to ensure their dignity was maintained by responding quickly when called.

- □ Staff relationships with people using the service were caring and supportive. People were positive about the way staff treated them. For example, one person wrote, "Thank you for the many kindnesses and care shown to me during my stay."
- □ Staff were skilled at recognising when people were feeling vulnerable, needed reassurance and empathy. For example, one person seemed a little withdrawn from others in the room. A staff member sat beside them, speaking gently and with their permission gave them a hug. They established the person was in pain and went immediately to get a heated wheat bag for them to place on their aching knees. The person relaxed and closed their eyes.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question was rated as improved to outstanding.

Outstanding: This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People described the sense of purpose and achievement fund raising gave them. People chose to participate in fund-raising events; recently they chose a cause which was close to their hearts. They completed a sponsored walk around the garden and decking. Photos showed people, their families and staff participating and enjoying the social event, as well as meeting the recipient of their fund raising. A relative commented, "It was obvious that they got a great deal of pleasure from it all."
- People's human rights, individuality, and equality and diversity underpinned the culture and values of the service and how staff supported people. We saw many examples of personalised care being carried out by staff in a way that had been tailored to the individual person's needs. One person had a passion for motorbikes; they told us how much they had enjoyed sitting on a large motorbike brought to the home by a charity. Photos showed them smiling delightedly; their relative said it had given their mother great pleasure to discuss her interest and have her picture taken on the bike.
- The registered manager gave examples of how a person was supported to holiday abroad by staff working alongside health professionals to help this happen. Staff assisted people to make arrangements to visit families abroad and keep in touch with them, including via Skype.
- People received personalised care and support specific to their needs and preferences. Care staff conversations with people showed they knew people well and what topics would interest them. For example, one person talked about their love of being outside in the home's garden; their care plan said what made them happy was "having the sun on their back." Their song of choice included the word 'sunshine' and staff sang along with them as they made their way through the home to their room.
- The home's statement of purpose stated their aim was 'offering individual residents' opportunities for new friendships and experiences within the community life of the home.'  
Friendships were encouraged and supported. One person said they enjoyed welcoming new people to the home. Two people who had moved in just prior to our inspection had made a positive connection. They sat together in the garden chatting about their lives. Another person said they regularly met up with a friend who also lived at Manor Lodge to spend afternoons together reading aloud.
- Other people described the companionship they got from spending time with each other. We were told, "It's a nice atmosphere here, it's sociable." For example, a group chose to sit and watch television together in the evening when alcohol was served. One person said they were disappointed if they got home too late after an outing with their family and had missed the evening get together.
- Information for people moving to the service, included frequently asked questions. One answer said, "There is plenty to do and people to talk with if you choose so we do not expect you will be bored. We have a

comprehensive list of activities and entertainment, which you can choose to join in or not." A relative said, "There are choirs, musical entertainment. There's a monthly newsletter. They will remind mum and fetch her if she's forgotten." We saw staff ensuring people felt included and made aware of social groups and trips. People who preferred their own company said this was also respected.

- People said they enjoyed regular trips out to local amenities of their choice. Other people also enjoyed maintaining acquaintances with friends in the local town. One person said the provider had encouraged them to put a coffee 'on a tab' from a local café, which the provider would fund. Staff provided support to make practical arrangements, such as appointments to have their nails painted at a local salon.
- Assessments of people's needs were carried out before they came to live at the service. These were used as a foundation for the person's plan of care. Care plans were accurate as the content described the people we met. Our discussions with staff showed they knew individuals well. The home's statement of purpose explained the purpose of a care plan. It stated 'it's available for you to read at all times' and reassured people they had a choice as to whether relatives or representatives were involved in the process.
- Care plans were reviewed on a regular basis, so staff had detailed up to date guidance about people's specific needs and preferences. Staff met with people to discuss, review and agree their plans of care.
- There was good communication between care staff through verbal and written handovers. Staff said the registered manager and senior staff kept them up to date about changes to people's care.

#### End of life care and support

- Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing. For example, a personalised action plan had been put in place to support one person in the event of a medical emergency. This included having a rapid response protocol for staff; key staff understood their role to react in a calm but timely manner. This included how to minimise the person's distress and reduce their pain, as well as considering how to maintain their dignity if a traumatic event should occur in a communal area. Crucial medicine and equipment were kept in a specified place for staff to grab in an emergency; staff knew the location and what to do.
- Staff provided emotional support to people, their families and friends to minimise their distress. We saw compliments and extremely positive feedback from relatives in respect of how staff supported their family member and themselves. For example, a visitor valued staff support when their relative was dying, "I was particularly grateful, (staff name) for the time you spent talking to me during Grandad's last week. It was helpful to share such a difficult time with someone who understood what was happening." Other people also gave glowing feedback saying, "Thanks to you all for the cuddles and support in Nanny's last days. You were all legendary and so, so kind."
- Staff took seriously their responsibility to make people feel safe and pain free at the end of their life. They provided examples of how they provided individualised care, such as choosing music which soothed people. A relative, who was a retired health professional, praised the kindness of staff to their parent and the reassurance they gave them as a family. They told us they "could not fault the care."
- At the time of the inspection, two people were receiving palliative care; each were cared for in an individualised manner. When people and their relatives or representatives were happy to discuss end-of-life wishes, these were documented. Care records contained people's personal decisions, for example, whether they wanted to be resuscitated. Care records were updated which showed how staff were responsive to people's changing needs.
- Staff were confident and competent to support people who were dying; they worked alongside hospice staff and community nurse team.
- Health professionals said the provider was responsive to people's changing needs and there were no delays in buying equipment. For example, hospital style beds. The provider said they bought equipment as it was needed for each individual so that over time they had replaced many divan beds with specialised beds, This approach helped staff safely care for people with complex care needs.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information from the service was available on request in larger print.
- Care records contained communication plans explaining how each person communicated. We saw people who needed to use/wear items such as glasses, or hearing aids were wearing them.

### Improving care quality in response to complaints or concerns

- The home's statement of purpose contained the home's complaints procedure, which included timescales and contact details. Since the last inspection, there had been one formal complaint. This had been investigated thoroughly, including a number of meetings to help resolve the concern. During the inspection, the management team also considered ways to capture how they addressed day to day concerns or niggles to show how their responsive approach ensured people felt listened to and valued.
- In residents' meetings, people were reminded of how to make a complaint. A person said, "I have no reason to (make a complaint) ... She [manager] seems to be very capable."
- People said they were able to express their opinions freely and knew which staff member they would choose to speak to. For example, because they felt at ease with them or because of their role at the home.
- Relatives said the registered manager and the providers were always available and easy to contact. For example, one person said, "If I need to discuss things with [manager], it's not a problem."



## Is the service well-led?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

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

- □ The service was well run by the registered manager. 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.
- □ Staff said they felt well supported by their colleagues and the registered manager; they praised the level of team work and the access to training. The providers said, "Our approach to employees is one of inclusion, we all work as a team, we encourage them to develop in their roles, to take responsibility and further their careers, however what is fundamental to their role is a caring attitude and nature."
- □ Visitors commented on an open and friendly culture. The registered manager was visible around the home and their office was accessible and visible. Relatives praised the approachability of the registered manager, the providers and care staff. They also commented all staff had a helpful and caring approach, which meant they were kept up to date with their relative or friend's well-being.
- □ The registered manager recognised the commitment, kindness and reliability of the care staff; staff said they felt valued.
- □ People living at the home and staff were provided with the opportunity to feedback on the skills of staff and their caring approach via an Employee of the Month award. These included comments such as "I've learnt a lot from her" and a "true professional." Staff said they would recommend working at the service.
- □ The registered manager and staff completed comprehensive quality assurance checks on a regular basis, to maintain and improve the quality and safety of the service.
- □ At daily handovers, the registered manager chose questions from a list of questions they had prepared to help refresh staff knowledge about their roles and responsibilities.
- □ During the inspection, verbal and written feedback from people using the service and quality assurance records showed the commitment to a high standard of care had been achieved.

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

- □ There was a commitment to involving people in decisions relating to their care and the running of the home. For example, through informal chats, care plan reviews, surveys and regular meetings.
- □ The registered manager encouraged people to visit unannounced. Time was made to meet with people

on an informal basis; the registered manager was clear they did not want people to feel pressurised to make a life changing decision. Visitors confirmed this approach, which they said put them at ease. For example, "I did a lot [of investigation] on line. I went to quite a few. I came unannounced to Manor Lodge and I thought it was fantastic."

- A comprehensive question and answer information in the service's statement of purpose aimed to reassure people, recognising all the different reasons why people moved into a care setting to help them settle in,
- The registered manager was aware of when to notify the Care Quality Commission of incidents or events at the service. We used this information to monitor the service and ensured they responded appropriately to keep people safe. The service's previous rating and report was clearly displayed in the home.

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

- Our conversations with staff, the providers and the registered manager showed 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.
- During the inspection, changes were made to the home's statement of purpose to reflect the values of the service and the aim to create an inclusive environment.

Working in partnership with others

- The service worked with health and social care professionals to meet people's specific needs. Staff described a good working relationship with the community nursing team and other health professionals; care records showed this positive relationship had benefited the people living at the home.
- A health professional said staff engaged with them and wanted to learn. They described the service as well run with a methodical approach which ensured concerns were escalated appropriately and action taken in a timely manner. They described the staff as a 'happy' team.