

Swinnerton Trust Limited

# Manor Court Home

## Inspection report

Manor Court Road  
Nuneaton  
Warwickshire  
CV11 5HU

Tel: 02476383787

Date of inspection visit:  
18 February 2016

Date of publication:  
13 April 2016

### 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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out an unannounced inspection at Manor Court Care Home on 18 February 2016.

Manor Court is a residential care home providing accommodation for up to 23 people who require personal care. The home has three floors and access to a large and well maintained garden. All of the rooms had ensuite facilities and all floors had access to a lift and stair lifts. At the time of our inspection visit there were 22 people living at the home and there was one vacancy.

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

People told us they liked living at Manor Court and felt safe. Peoples' care had been planned and agreed with them. Risks were managed well and there were clear care plans drawn up to keep people safe, while at the same time optimising their independence.

Staff had a good understanding of safeguarding, could describe what abuse was and knew the reporting systems if any allegations of abuse were raised. There were sufficient numbers of staff to ensure safe care and support. Staff recruitment processes ensured staff were suitable and safe to work in the home. People received their medicines safely.

Manor Court was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and acting within the legal framework of the Mental Capacity Act (MCA). We saw people were encouraged and supported to be independent.

Staff knew people well and supported people in accordance with their individual preferences and needs. Staff received the training and support they needed to carry out their roles.

Peoples' privacy and dignity was respected and maintained. People highly commended staff and commented on their compassion and motivation. We saw people were supported and cared for by kind and respectful staff.

Each person's needs were assessed and this included obtaining a detailed life history of people. Care plans showed how peoples' needs were to be met and how staff should support people. Care and support was tailored to each person and reflected peoples' preferences. People were supported by staff to access healthcare services as and when needed.

Staff supported people to engage with stimulating and interesting activities of their choice.

People had the nutrition they needed to maintain their health and wellbeing. People said they had an "excellent" choice of food and drink available. The provider consulted people about the food and meal choices. People's nutritional needs were assessed and monitored.

People and staff told us the home was well- led and we saw satisfaction surveys and monthly meetings ensured peoples' views were heard. There were a range of audits in place which checked the effectiveness, safety and quality of the service which the provider used to make any improvements.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People felt safe and were supported in a way that minimised risks to their health, safety and welfare. Staff were clear about their roles and responsibilities to safeguard people. Clear risk assessments were in place for people and were regularly reviewed. Recruitment practices were in place and focussed on ensuring the best staff, who could meet peoples' needs, were employed. Medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People were involved in decisions about their care and support needs. Staff demonstrated their understanding of the Mental capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). People received personalised care. Staff received excellent training which was relevant and planned to meet the needs of individual people's needs.

### Is the service caring?

Good ●

The service was caring.

People had developed positive relationships with staff and were encouraged to make decisions about how their care and support was provided. Their privacy and dignity were protected and promoted. Staff had a good understanding of peoples' needs and preferences and people felt their views had been listened to and respected. Staff were passionate about delivering a high quality service.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in planning and making decisions about their care and this was tailored to meet their individual needs. People were supported to pursue activities of their choice. People knew how to raise any concerns and felt confident these

would be dealt with.

### Is the service well-led?

Good 

The service was well-led.

People and staff spoke positively about how the home was run and peoples' views about the home were sought through a variety of methods. Systems were in place to assess and monitor the quality of service provision.

# Manor Court Home

## 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 checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 February 2016 and was unannounced. The inspection team was made up of one inspector.

Before we visited the home we checked the information that we held about it. We reviewed the home's statement of purpose. The statement of purpose is an important part of a provider's registration with CQC which sets out what services are offered, the quality of care that can be expected and how the services are to be delivered.

We looked at the notifications that the home had sent us. A notification is information about important events which the provider is required to send us by law.

We spoke with nine people and four relatives of people who lived at the home. We also spoke with eight staff members including the manager, the deputy manager and chef. We spoke with two external health care professionals. We looked at a range of records about peoples' care including six care files and other records relating to peoples' care such as medicine records. This was to assess whether the care people needed was being provided.

We reviewed records of the checks the registered manager and the provider made to assure themselves people received a quality service. We also looked at personnel files for five members of staff to check that safe recruitment procedures were in operation and that staff received appropriate support to continue their professional development.

# Is the service safe?

## Our findings

Without exception people told us they felt safe living at Manor Court. One person when asked if they felt safe said, "I have never worried about feeling unsafe here, I feel completely safe, at all times." Another person said, "Yes I feel extremely safe here, I have no concerns about safety at all." Relatives told us they felt their 'relatives' were safe at all times. One relative said, "My 'relative' is very safe here, I have no worries about their safety."

People were supported by staff who had a good understanding of the types of abuse that may occur and knew how to report this should they need to. They were also able to demonstrate their awareness of the whistleblowing policy. Whistleblowing is when a member of staff reports any concerns they have about service delivery or the welfare of people living at the home. One member of staff told us, "I would raise any concerns I had about our residents, I would not hesitate." Another member of staff said, "I feel extremely confident to raise any issues of concern although I have not needed to." All staff were trained in how to protect people living in the home from the risk of abuse and they all received yearly updates in the latest guidance available to refresh their knowledge and skills. We checked this information by looking at the staff training records. The manager demonstrated their awareness of how to work with other agencies, such as the local authority safeguarding team, the police and the Care Quality Commission should any safeguarding concerns be raised. This showed the provider was protecting people from the risk of abuse because the staff were well trained and knew what to do and could follow up any issues. The provider had up to date policies designed to protect people from abuse which included safeguarding (SoVA) and whistleblowing.

People had their individual risks assessed and care plans were developed to ensure that risks to health and welfare were reduced. Staff were familiar with the risk assessments and we saw examples of staff implementing the care plans to reduce people's risks. For example, we saw staff using safe moving and handling techniques and supporting people to reposition when they were assessed as being at risk of developing a pressure ulcer. Staff were able to confidently describe the assessed risks for individual people and they described how these risks could be mitigated and reduced. Staff also stressed the importance of maintaining peoples' independence as part of this process. One staff member said, "Whilst risks can be reduced and residents kept safe, we must also recognise how importance independence and autonomy are for people and that should not be compromised or taken away."

Manor Court was clean and well maintained throughout. Systems were in place to check and ensure the safety of the premises including areas such as gas safety, legionella risk assessments, safe water temperatures and fire safety. All equipment was checked monthly to ensure it was clean and fit for purpose. The registered manager carried out a yearly infection control and prevention audit which achieved over 98% compliance in the last audit.

Recruitment and selection processes were in place to ensure, where possible, people were cared for by staff who were of good character. We looked at five staff files and found checks had been undertaken before staff began work at the home. These included written references and satisfactory Disclosure and Barring Service checks (DBS). DBS checks whether a person has a criminal record and takes place before the person starts

work. This helps an employer make a safe decision in appointing staff. In addition, evidence of their identity had been obtained. These steps helped to ensure staff were suitable to work with people who lived at the home.

Most people told us there were enough staff to provide them with the care and support they needed however one person said, "The staff are incredibly busy and we do sometimes have to wait. Not everyone can receive care at the same time and that's the reality." Another person said, "My needs are catered for well, yes there are plenty of staff to assist." One relative told us, "I am not confident my 'relative' always asks for help, I think often they assume staff are busy and don't call for them." Staff told us that the morning shifts were busy however there were enough staff to deliver the care and support people needed. One staff member said, "We have enough staff but it would be great to have some more time in the morning to sit and listen to 'residents'." The registered manager told us that they had recently put a request in to the provider for an extra staff member each morning. At the time of our visit this request was being considered by the provider's Trust Board. There were sufficient staff working in the home and we saw that people received care and support in a timely and unrushed manner.

Staff recorded all incidents and accidents and these were analysed by the registered manager. This ensured that any learning was identified and changes were made to the care and support people received, or training provided to staff, if this was indicated. This reduced the risk of the incident happening again. Staff showed they were confident when dealing with incidents and one staff member said, "If we identify that we have a training need, it is always provided". For example, following an incident when one person had put their own safety at risk, the registered manager arranged for all staff to have training in dealing safely and creatively with challenging behaviour. Another example was the development of the 'falls audit track' where all people at risk of falls were monitored prior to being referred to the local falls clinic.

Peoples' medicines were managed safely. Staff worked in accordance with recommended guidance to administer medicines safely. We observed staff giving people their medicines and they worked in accordance with safe working practice. Medicine records (MAR) were completed consistently by staff when people were given their medicines. There were protocols in place for 'as required' medicines and staff followed this guidance. These are medicines someone might require from time to time, such as painkilling tablets. We saw from a review of records that stock checks were conducted daily, weekly and monthly. All staff who administered medicine were trained to administer them safely. In addition the registered manager carried out a practical supervision session with each senior staff member who administered medicines, at least once every two weeks, to review their knowledge and skills. People we asked said they received their prescribed medicines on time and they could ask for medicine if they were in any pain, for example.



## Is the service effective?

### Our findings

People told us they received care and support from knowledgeable and skilled staff. One person said, "The staff are very skilled here and they seem well trained." One relative said, "The staff here are clearly very well trained and it shows. They are always confident in delivering care and support well." Staff told us they were very well trained which gave them the necessary skills and competencies to deliver care and support to an "excellent" standard.

People received support from staff who had received relevant training to understand the needs of the people they supported. In the last staff survey, all of the care staff who had responded said they were well trained and equipped to do their job properly and to a high standard. All of the staff we spoke with said training and equipping staff to "do the best possible job" figured highly on their manager's priority list. Training records showed that all new staff had received thorough induction training prior to commencing work and the provider used the national Care Certificate for this purpose which sets out common induction standards for care staff. Staff told us they had received a wide variety of training which included health and safety training, safeguarding, personal care delivery, care needs associated with Parkinson's disease and dementia care.

Staff we spoke with were able to tell us how they applied the training they had received in people's day to day lives and gave us many examples how they did this. For example, as a number of people had a diagnosis of diabetes, the registered manager arranged for all staff to receive training from a diabetic nurse specialist. Staff were able to confidently discuss diabetes and warning signs to be aware of, if all was not well. Staff received training about mental health needs, delivered by mental health specialists and were able to describe specifically how care plans had been developed for people to meet their needs. For example, one person liked to be distracted from their distressing thoughts by the use of individual time from staff and going for outside walks with staff. The training was also specifically tailored towards ensuring the organisation's values were understood and that staff were given the knowledge and skills to implement the provider's model of care. The model centred on enhancing a good quality of life, putting the person at the heart of what they did and supporting independence within a safe environment. Staff told us they enjoyed and valued all of their training and it was extremely important in helping them to deliver an excellent standard of care. One staff member said, "We have so much training here however we also have to show how we apply our learning in the work place and we are assessed to check this is happening."

The registered manager worked in partnership with other organisations to make sure that staff were following best practice. For example, the provider had commissioned training sessions about caring for people living with dementia from the local Alzheimer's Society group who also used the training facilities at Manor Court for their own meetings and functions. The registered manager had an excellent working relationship with the Warwickshire College Group who delivered training on best practice in care planning. The College also provided an apprentice to work at Manor Court. We spoke with this member of staff who told us, "I just love working here. I have developed really positive relationships with our 'residents' and I plan to develop my career in adult social care." In addition to this Manor Court provided placements, twice a year for participants with The Prince's Trust. This organisation helps young people get into jobs, education and

training. The young people undertook projects with people at Manor Court such as gardening, baking and helping people to make journals about their life experiences amongst other activities. People told us how much they valued this work.

Staff had guidance and support when they needed it and on a regular basis. Staff told us they felt, "very well supported at all times" by seniors and the registered manager. Staff told us, and records confirmed they received regular meetings with their line manager to discuss their performance and personal development every six weeks. In addition, senior staff and the registered manager observed care staff carrying out practical tasks such as personal care delivery, moving and handling and assisting people at meal times to ensure they were competent in their role. In the most recent staff survey, all staff who responded felt well supported and valued by their line managers. Staff team meetings were held on a monthly basis, covering a range of topics relevant to the service, to ensure that staff worked consistently with people. Staff received plenty of opportunity to reflect on their practice and to receive feedback on their performance.

There were policies and procedures in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). All staff told us they had received training on MCA and DoLS. The 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 staff at Manor Court were working within the principles of the MCA and we saw that they were. All staff had been trained to understand when a DoLS application should be considered and they knew the process of how to submit one. All staff we spoke with and their seniors were confident in discussing their responsibilities under the MCA and the DoLS Code of Practice. Where appropriate peoples' capacity to consent to specific decisions about their care was assessed. Where people did not have the capacity to make all of their own decisions, and their liberty was restricted, records showed an application was made to the local authority for a DoLS authorisation. There was also a record in peoples' care plans where any care or support regarded as restricting their liberty was carried out. At the time of our visit there were two DoLS authorisations approved and three awaiting approval by the local authority.

We saw staff asked people for permission when they provided care and support. For example, staff always asked people what they wanted to do and when and how. We saw in the care records that, when they had wanted to, people or their representatives had signed to say they contributed to and consented to their plans. One staff member said, "I always ask my residents what they would like to do and how they want me to assist."

All the people we spoke with complimented the chef and kitchen staff on the high quality of the food provided at Manor Court. One person told us, "The food is absolutely marvellous, superb choice, perfectly cooked and three courses too, no complaints what so ever." Another person said, "I look forward to meals here, what a treat! Great food." We joined people for lunch and saw the atmosphere in the dining room was calm, enjoyable and relaxed. Some people required support eating their meal and staff assisted people promptly and respectfully. People said they, "really liked" the food served and we saw there was a good choice of food offered. Where people were reluctant to eat, every effort was made to encourage people and alternative foods were offered. We spoke with the chef who told us they speak to people every day to get feedback on the quality and choice of food offered. The chef regularly asked people what their preferences

for food were. We saw examples when people had made suggestions these ideas were listened to and implemented. For example, pate had been introduced as a starter course and pasties and curries had been brought in as a main course, all suggested by people.

The chef was familiar with the outcomes of the nutritional assessments for people and used this information when preparing food and drink. For example food suitable for those with diabetes was provided, including puddings and cakes and pureed food to reduce the risk of choking. Hot and cold drink, snacks and fresh fruit were provided all day. People's weight was monitored and action was taken to record if anyone lost weight. Peoples' nutritional needs were assessed and where anyone was at risk of malnutrition a referral was made to nutritional healthcare specialists for advice. This advice was recorded in care records and put in place by care staff. The use of supplements to increase the calorific value of food was recorded when this had been advised by health care professionals. This helped people maintain a nutritious and healthy diet. The chef had been provided with training to enable them to have the knowledge and skills to apply their learning with confidence in order to meet peoples' needs. Training undertaken included an accredited 12 week course in common health care conditions which covered areas such as diabetes, stroke and swallowing difficulties.

Staff made sure people received support from local health and social care professionals. From talking with people and looking at their care plans, we could see that peoples' health care needs were met. Thorough physical health care assessments were offered and monitoring of physical healthcare was consistently carried out. A broad range of healthcare professionals were regularly involved including, doctors, district nurses, diabetic specialists and dementia specialists. We spoke with two external health care professionals during our visit and one said, "This home is excellent. Staff are consistently responsive to our advice and they acknowledge our role and specialist expertise. They always secure training for any gaps in their knowledge or skills. For example, I have provided training to all staff on diabetes and they have put this knowledge to very good effect."

Adaptations had been made to the environment, for example, so that people living with dementia were assisted to find their way around the home by the use of signs, photo displays and memory boards. Memory boards have a collection of familiar items or pictures on which can help people to remember their past and help to orientate them, for example with memorabilia from certain decades. People were encouraged to give feedback on the environment and make suggestions for improvements.

## Is the service caring?

### Our findings

People were treated with care, kindness and compassion. People, their relatives and professionals involved in the home commended staff on their caring approach. One person said, "The staff are so kind, they can't do enough for me and it's a genuine kindness, they really do care." Another person said, "The staff are really friendly and seem to want to know about me and my life, that's so nice." A relative said, "I can honestly say I am always welcomed here, it's like having an extended family and coming to visit, I really look forward to it." An external health professional said, "The staff are very respectful towards 'residents' and always show kindness and compassion."

Staff were aware of the needs of people and responded flexibly, for example, people told us staff would go shopping for people on the way into work to fetch some items. One staff member said, "Well I would do the same for one of my relatives and this is the same. It doesn't matter that it's in my own time. I care for my 'residents' totally, it's not really like work, it's a pleasure and a privilege to know these people."

Staff had developed close relationships with people and knew them well. We saw that people were comfortable around staff. The stable staff team, many who had worked for the provider for a long time, understood peoples' preferences and needs and they ensured support was tailored to meet individual choice. People told us that staff treated them as individuals and with respect and we saw this happening. One person told us, "I prefer to spend time in my room and have never been one to join in a group. I am not pressurised to join in and the staff respect my choice." We saw staff did not enter peoples' rooms without knocking first and awaiting a response. Staff spoke quietly and discreetly to people when offering them support with personal care needs which offered them privacy and dignity.

Peoples' independence was encouraged in all aspects of their daily lives. One person said, "I am supported to be as independent as I can be as staff recognise this is important to me and this gives me hope and energy to enjoy life to the full." Whilst staff encouraged and prompted people they did not assume the decision making role. People got up in the morning when they wanted to, decided how they wanted to occupy their time and chose to sit where they wanted to. The registered manager had set up a 'preparation for getting up and going to bed' book where people had chosen whether they wanted showers or baths, how often and at what time. People told us they were continuously encouraged to state their preferences for a whole manner of daily living activities. When one person became anxious, we saw staff gently offering choices to the person about how they may reduce their anxiety. The staff member said, "Would you like to pop on some warm coats and take a walk in the beautiful winter sun or, how about we make a lovely cup of team together?" We saw the person smile and say they would very much like a walk outside, their anxiety reduced considerably.

People we spoke with commented on the high calibre of staff working at Manor Court. They told us about the importance of ensuring the right staff were recruited to meet the needs of people and to enable strong, meaningful relationships which in turn kept people safe. People told us they were actively encouraged to participate in the recruitment of prospective staff and to sit on interview panels. One person said, "I really appreciate the opportunity to interview applicants before they are offered a position. I am listened to and

my views on the suitability of individuals are acted on by the 'manager'." The registered manager said how important the feedback was and that they put great emphasis on this feedback. This ensured that people were recruited into staff vacancies with the right attitude, values and skills.

Relatives and visitors told us they were made to feel very welcome and could visit at any time they were invited to by their relatives. We were told that relatives could have private parties, including in their relative's room, to celebrate special occasions such as family birthdays. One relative said, "You can tell how caring the staff are because they actually care for relatives too!"

Care plans contained detailed information about peoples' likes, dislikes and preferences. This included what people wanted to happen if they became very unwell or they were in a situation where they might die. We saw that people had been involved in developing advanced statements where they had given some guidance on how they would like their affairs put in order. We saw that people were actively involved in monthly reviews with staff to discuss any changes and that they had signed the care plans. This showed a person centred and inclusive approach to care.

People had been given the time to relate their personal histories and life stories to staff. This informed staff about peoples' preferences in making choices, their interests, hobbies and previous life and work experiences. Staff used this information to make sure that care and support was tailored to individuals and not delivered in a standard or uniform way. We discussed with staff how they had developed a successful way of ensuring one person received a healthy diet which not only maintained their health but which they thoroughly enjoyed. This person was born and lived in another country and had limited verbal fluency with the English language. The person could however write English well. Staff and the chef encouraged the person to put food requests in pictures and writing which the person did every morning and this was collected personally and every day by the chef. The person had written shopping lists of culturally preferred food and had suggested recipes and menus which the chef could try. All of the culturally preferred shopping items were sourced, prepared and delivered to the person. During our visit we spoke with this person who communicated to us how happy they were with these arrangements and the responsiveness of staff.

## Is the service responsive?

### Our findings

People told us care was arranged to meet their needs and was provided in the way they preferred. For example one person told us, "I am a fairly independent person and staff respect this and always ask what support I need and what I would like." Another person told us, "I was so anxious about leaving my own home but really the move has not been as traumatic as I thought it would be. The staff have let me dictate and decide what happens and I have not been pressurised to do things I've not wanted to."

Relatives told us that they were pleased how the move into the home had been for their relative. For example one said, "I work in the care field and I have been so pleased at the approach staff here take towards their 'residents'. The emphasis is on personal choice and my 'relative' is encouraged to express their view on what support is needed and also how it should be delivered."

Care records showed peoples' needs were assessed prior to moving into Manor Court so the registered manager could ascertain whether the person's needs could be met. The registered manager and staff carried out comprehensive assessments of each person's needs and devised care plans based on these. Where they were able to or had wanted to we saw that people had been fully involved in this process and had signed their care plans. We found care plans were holistic and comprehensive and were very easy to read and understand. The care plans gave very clear guidance to staff on what care and support people needed and how people wanted the care to be delivered. For example, specific care for personal hygiene delivery was recorded which included personal preference details on how the person liked to look, what clothes they particularly liked to wear, which jewellery, perfume and make up helped the person to feel good about their appearance. People's mental health needs were assessed for those people living with dementia or for those people with pre-existing mental health concerns. Care plans had personalised information about peoples' memory, orientation and their mood. Information was available about each person and what might help them should they experience any deterioration in their mood. For example, which distraction techniques might assist who or whether individual time spent with staff was helpful. In every care plan we looked at peoples' preferred routines were listed and we saw that these were centred on the person's wishes and not dictated by the routines of the service. People told us their preferences were being met.

Staff maintained daily records each time they supported someone so that any changing needs could be monitored. Where needed charts were filled in to monitor specific needs such as mood, behaviour and pressure areas on skin. All care needs were reviewed regularly and updated when required. People and their relatives told us they were fully involved in the reviews of care so their input was encouraged and taken up. One relative said, "I am encouraged to be involved in all discussions about what my, 'relative' needs. My 'relative' is pleased the staff keep me updated and involved."

There was an activities programme displayed in the entrance hall and we spoke with people about the activities on offer. People told us how much they valued the activities programme and how much they enjoyed what was provided. One person said, "I thoroughly look forward to seeing what delights are on offer. My favourite is an entertainer who does a war sketch show and he is so funny. I've not laughed like that in a

long time." We saw that creative and interesting activities were available through the whole week in the home which included a wide variety of arts and crafts, quizzes, accredited exercise programmes, massage and health and beauty sessions. A variety of entertainers visited the home every week and trained dogs came in for people to stroke and pet. There was plenty of opportunity for trips out to shows, restaurants, the seaside and zoos. Any person's individual request for an activity was positively received and delivered. For example, one person had suggested a clothes retailer could come into the home for people to see the clothes and shoes and make purchases and this is what happened. So there was opportunity for people to attend clothes, shoe and beauty product parties. People told us they were asked frequently what activities they wanted to engage in.

We saw many examples of innovative and imaginative ways staff used to engage with people in a meaningful way. For example, following staff training on dementia and through discussion with people, Manor Court had developed their 'distraction boxes' scheme. This was a nationally recognised good practice initiative which provided people with an interesting array of items they could safely touch and use which they might find stimulating and engaging. Staff said they had found the boxes very successful during times when people became anxious or agitated. People had been involved in choosing which items might go into the boxes, ones which they would find pleasurable or comforting such as age appropriate photos of well-known celebrities, music CDs to play, beads and buttons to thread and aroma therapy oils to smell. Staff had also developed a range of 'memory boards' with old photos, memorabilia and interesting items through the decades.

Staff encouraged people to personalise their rooms and we could see that everyone, where they had been able to, had their own furniture, photographs, pictures and ornaments on display in their bedrooms. Some people who did not have many of their own possessions had been assisted by staff to personalise their rooms with things that they liked such as pictures of animals or pretty bed linen which brought them pleasure, comfort and meaning. One person said, "I love my room so much and the 'staff' have helped me to get it just the way I want it, marvellous."

People and their relatives said that they felt able to raise any concerns with staff. The provider had a complaints procedure in place and this was on display in reception. Staff told us that complaints and concerns were taken seriously, investigated and resolved quickly. People told us that staff dealt with any concerns they had swiftly. Everyone we spoke with said the manager was very approachable and if they had any concerns they would raise them. Staff were aware of the complaints procedure and said they would raise any concerns with a senior or the registered manager that was brought to their attention. The registered manager said when any concerns were raised these were picked up and dealt with straight away. We saw an example when people had complained the lighting in the conservatory was too dim and additional lamps had been purchased to resolve the problem. Staff said they were able to contribute to discussions and decisions about the service. They said their views were listened to and acted on. In addition the registered manager held monthly open slots which any person, relative or staff member could attend to raise any concerns or issues. A record was also kept of compliments made about the service to capture what they did well.

Manor Court had strong links within the local community and participated in many events locally as well as hosting many more. For example, Manor Court hosted a summer garden party for the local community and invited children from the local schools to visit and spend time with people. In conjunction with a local art group people contributed to making a memorial of be-spoke chimney stacks, in the gardens of Manor Court, to commemorate the life of a well-known business man who ran a prosperous brick making company. The memorial was unveiled by the Mayor of Nuneaton and the local Bedworth councillor. People told us how important this event was to them, particularly for those who had spent most of their lives living in the local area and knew of the business man and the factory.



## Is the service well-led?

### Our findings

People had a lot of confidence in the registered manager and were highly complementary about the positive impact they had on the quality of the service provided. One person said, "The [registered manager] walks around to see every 'resident' each morning to check we are OK and to see if there are any concerns from the day before. The [registered manager] is absolutely excellent." Another person said, "Nothing is too much trouble for the [registered manager]. They lead by example and that shows in the calibre of the staff we have here. They listen to suggestions we make and we work together."

People and their relatives said they were able to give feedback on the service by completing satisfaction surveys, attending the registered manager's open meeting slots or by approaching the registered manager directly. There was also a comments, observation and suggestion book available in the entrance hall. We looked at the last survey results and saw the service had scored highly for satisfaction with the quality of care provided. An action plan had been developed to address any concerns raised which included some issues with laundry being misplaced and poor lighting in the conservatory. People described good communication channels with staff and the registered manager regarding any concerns or for receiving regular and updated information.

People were encouraged to express their views and make suggestions to improve the service through either their monthly meetings or by speaking individually with senior staff. We saw minutes from the meetings which showed a wide range of topics were discussed such as health and safety, activities and staffing. One example of action being taken in response to a suggestion was a first aid training course set up by the registered manager. People had suggested the training as many had previously been trained in first aid and they felt this was a skill they would like to refresh and maintain. People had also suggested undertaking some administrative work in the home such as filing or answering the phone and this had also been acted on and set up.

Manor Court had clear values and visions which were person centred and had a focus on ensuring peoples' care and support needs were prioritised as well as delivering care with compassion and respecting peoples' dignity. People told us that the staff were, "always compassionate and respectful." Staff demonstrated these values and were aware of how to raise concerns and the importance of upholding peoples' rights. External health professionals we spoke with confirmed staff were, "compassionate and people focused."

For example one staff member said, "I have a potential solution for a problem one resident has. I raised this in a meeting with my 'manager' and they asked me to raise my idea directly with the district nurse, which I will do. We are always listened to here and our ideas for service improvement are taken on board."

Manor Court had a registered manager, a deputy manager and senior care staff who took a lead responsibility for co-ordinating care for each shift. Staff confirmed they had access to management support during the day and night, over seven days each week. Staff were highly motivated in their work and were keen to improve their learning.



The registered manager had completed qualifications in management in care and was also an NVQ Assessor, which supported a culture where continuous staff training and development was emphasised. The registered manager kept their training up to date and was aware of updates to policies, procedures and guidance regarding nationally recognised best practice for care delivery and safety in care homes. For example, the registered manager spoke about the National Institute for Health and Care Excellence (NICE) guidelines for managing medicines in care homes and the Skills for Care, Care Certificate which sets out standards that staff should adhere to whilst delivering care to people. In addition the registered manager subscribed to a number of professional journals to ensure their knowledge was updated on many areas which included ensuring a high quality of care delivery, health and safety, current guidance for supporting people living with dementia, and staff management. All of this information was shared with staff and available for reference and ensured staff were delivering care to people that was considered good quality and current best practice.

The registered manager had a range of systems in place to assess and monitor the quality of the service. Regular audits were undertaken on daily, weekly and monthly cycles which reviewed peoples' medication, infection control, care plan documentation, accidents and incidents, staff training, maintenance issues and health and safety amongst other areas. Audits were completed to a very good standard and the registered manager took action where improvements were identified, for example peoples' care plans and risk assessments were swiftly updated to reflect peoples' current needs. In addition to the audits the registered manager completed a regular monthly Trust Board report to the provider which summarised the previous month and reported any action which had been taken. This ensured that the service provided to people living in the home was continuously improved.