

Manor Cottage Care Limited

# The Manor Cottage

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

The Manor Cottage is a care home that provides personal care for up to 27 older people. The service is provided in accommodation over three floors. At the time of the inspection, 24 people were living at the home.

### People's experience of using this service

The service was safe and risks to people were managed well. One relative told us, "The staff are amazing and should be proud of what they do to make residents and family feel so well looked after and safe". Staff knew how to protect people from harm and had received safeguarding training. There were enough staff employed to help keep people safe and to meet their needs. Recruitment practices were safe and relevant checks were completed before staff started work at the service. There were systems in place to ensure medicines were managed safely. Staff followed the providers infection control policy and procedure to limit the risks of cross infection.

The service was effective in meeting people's needs. Staff received regular supervision and support. The training programme equipped staff with essential skills and knowledge. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. People were supported to have maximum choice and control of the support they required. People received a healthy, balanced diet and their preferences were respected.

The service was exceptionally caring and put people at the heart of everything they did. One relative recently wrote, "I would like to say a massive thank you, you have shown so much care, compassion, dignity and love. A truly wonderful place with wonderful caring people". We were introduced to people throughout our visit and they welcomed us. They were relaxed, comfortable and confident in their home. Staff had a very good awareness of individuals' needs and treated people in a warm and respectful manner. They were knowledgeable about people's lives before they started using the service. Every effort was made to enhance this knowledge so that people's life experiences remained meaningful.

A responsive service was provided to meet people's health and social needs. They received person-centred care and support. Regular monitoring and reviews meant that referrals had been made to appropriate health and social care professionals. The service supported people with end of life care with the support of other community health professionals. People were encouraged to make their views known and the service responded by making changes.

People benefitted from a service that was very well led. The provider, area manager, registered manager, and staff team maintained a clear focus on continually seeking to improve the service people received. The provider told us, "The registered manager has grown in confidence and to see this has been wonderful. She advocates for the residents and is always striving for more. This sheer grit and determination is what drives

her to continuously improve not just the home, but the lives of everyone who lives and works at Manor Cottage". Everyone demonstrated strong values and, a desire to learn about and implement best practice throughout the service. Quality assurance systems were in place and based upon regular, scheduled audits, which identified any action required to make improvements. This meant the quality of service people received was monitored on a regular basis and, where shortfalls were identified they were acted upon.

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

#### Rating at the last inspection

The last rating for this service was Good (published July 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was exceptionally well-led.

Details are in our well-Led findings below.

Outstanding ☆

# The Manor Cottage

## 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 inspector.

#### Service and service type

The Manor Cottage is a 'care home'. People in care homes receive accommodation and personal care and/or nursing 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed information we had received about the service since the last inspection. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events, which the service is required to send us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

#### During the inspection

We spoke with five people individually, six members of staff, as well as the registered manager and area

manager. We looked at three people's care records, together with other records relating to their care and the running of the service. Four relatives sent us an email to tell us their thoughts about the service. The provider also wrote to us because they were unable to join us on the day.

# 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 now remained the same. This meant people were safe and protected from avoidable harm.

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

- People and relatives felt their loved ones were safe, happy and secure.
- Staff understood the processes to follow to safeguard people in their care. The registered manager and staff recognised their responsibilities to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies notified included the local authority, CQC and the police.
- People were supported by enough staff with the skills, experience and knowledge to meet their needs. Staff rotas were well managed and were planned in advance.
- During the inspection, the atmosphere in the home was calm and staff did not appear to be rushed, they responded promptly to people's requests for support.
- The service continued to ensure staff employed had suitable skills, experience and competence to fulfil their roles. Pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Assessing risk, safety monitoring and management

- Staff managed risks relating to people's health and well-being. This included risks associated with weight loss, moving and handling, maintaining skin integrity and difficulty with swallowing and potential choking risks.
- Some people required equipment to keep them safe. This was risk assessed and staff received training on how to use the equipment to reduce risks to people.
- There was a programme of daily, weekly and monthly checks in place to keep the premises, people, visitors and staff safe.

Using medicines safely

- The service had a medicine lead staff member and medicines continued to be managed safely. There had been no significant errors involving medicines in the last 12 months. Audits identified if any improvements were required and this was communicated to staff.
- Staff completed safe medicine administration training before they could support people with their medicines. They were observed on medication rounds until they felt confident and competent to do this alone. Practical competency reviews with staff helped to ensure best practice was being followed.

Preventing and controlling infection

- The home was clean and free from any unpleasant odour. It was evident housekeeping and staff took

pride in maintaining a nice place for people to live.

- The provider had infection prevention and control policies in place and staff had received training. They had access to the equipment they needed to prevent and control infection. This included, disposable gloves, aprons, soiled/dirty laundry storage and cleaning materials.

Learning lessons when things go wrong

- The area manager told us, "The strength of the team is not only measured by their success, but on their failings. When things have gone wrong, the openness and willingness to reflect, and improve has been fantastic. When completing critical incident analysis, everyone is keen to ensure that these issues do not reoccur".
- Staff understood their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation detailed the lead up to events, what had happened and, what action had been taken.
- The registered manager completed monthly audits of incidents to help identify any action that could be taken to help prevent reoccurrence.

# 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 the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager continued to complete thorough assessments for those people who were considering moving into the home. In addition to the individual, every effort was made to ensure significant people were also part of the assessment. This included family, hospital staff, GP's and social workers. The information gathered was detailed and supported the service and prospective 'resident' to decide as to whether the service was suitable and their needs could be met.
- The registered manager demonstrated a sensible, measured approach before taking any new admissions, ensuring the staff compliment, skills, current dependency levels of people living in the home and the environment were satisfactory.

Staff support: induction, training, skills and experience

- People were supported by staff who felt confident and competent to assist and care for people. There was a good skill mix and experience amongst the staff team.
- Staff confirmed induction and subsequent training they received was effective. New staff worked with senior staff to assist with continued training throughout the induction process. Staff did not work alone until they felt confident.
- Staff felt encouraged and supported to increase their skills and gain professional qualifications.
- Staff told us they worked well as a team and there was a continuous theme of supporting and supervising each other. They received supervisions to consider what was going well and where things could improve. They discussed, their personal wellbeing, individuals they cared for and any professional development and training they would like to explore.

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

- People chose where they wished to receive their meals. The meals prepared and served to people were well received. Relatives told us, "Dad appreciates the wonderful efforts made by the kitchen staff, who dish up great food and bake remarkable cakes for many occasions" and "Mum has gained weight and this is all thanks to all the gorgeous food provided by catering staff".
- Although there were menus, people were supported to choose whatever they wanted on the day. People's choices and preferences were respected and this was always discussed at 'residents' and relative meetings. Drinks and snacks were readily available throughout the day.
- People were supported with any special dietary requirements. This included diets for people with diabetes, compromised swallow and fortified foods for those at risk of weight loss.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The home ensured everyone had prompt and effective access to primary care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services.
- Staff recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected. One relative told us, "My relative has had a couple of health-related incidents which were carefully and caringly handled. I am always kept informed which I really appreciated as I live in Australia".

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

- People's rooms were comfortable, warm and clean. They had personalised them with ornaments, pictures, soft furnishings and photographs.
- Since the last inspection people with memory loss or a diagnosis of dementia had been provided with a new door to their rooms in order to help them orientate around the home and identify which bedroom was theirs.
- There busy displays, photographs, memorabilia and artefacts. The registered manager told us how these had been enjoyed by people and were perfect for creating conversations and sharing experiences and memories.
- Several areas of the home had been refurbished since the last inspection and the home was well maintained.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff understood the principles of the MCA, how to implement this and to support best interest decision making.
- There were no restrictive practices. Staff offered choice to people and asked for their consent when offering support.
- Daily routines were equally flexible and centred around personal choices and preferences. People were moving freely around their home and socialising together.
- The service had submitted DoLS applications for people. Some were waiting to be processed by the local authority and others had been authorised. Systems were in place so that the registered manager would know when these expired and when to reapply.

# 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 Outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

The registered manager and staff were motivated and inspired to offer care that was kind and compassionate. Following the inspection of January 2017, the service had continued to consider how acts of kindness and care would have a positive impact on people's lives and wellbeing. The provider, registered manager and staff demonstrated a determined, positive commitment to people and made sure they felt valued.

Ensuring people are well treated and supported; respecting equality and diversity

- People, family and other visitors were unreservedly grateful and satisfied with the kindness and compassion they experienced. Comments included, "Such a lovely group I cannot fault them. I have a nice life here", "They are all so wonderful, very kind and caring towards me", "All the residents I engage with each week are very happy. There is a great atmosphere in the home with lots of laughter and smiling faces. It's a wonderful home and an absolute joy to visit each week", "I am over the moon at having found such a wonderful care facility for my dad, where he is also content" and "I cannot praise too highly the warmth and atmosphere generated by the staff".
- The service was exceptionally caring. Positive, meaningful relationships had been developed between staff, people and their families. The service respected and recognised the value of aging and that this brought the gifts of life experience. The whole staff team knew people incredibly well. The provider had recently received a letter from a relative who stated, "I just had to write congratulating you on your wonderful staff. They made mum's stay very loving and homely and always made our family feel welcome. They are a credit to your company". The provider wrote to staff and said, "You obviously made a huge impact and I am so proud of you and the whole team. I agree you are a credit to the home, thank you all so much".
- People and where necessary their relatives had been consulted about what made people feel safe, happy and cared for. It was very clear to see the value this had on people and was powerful in relieving anxiety, loneliness and stress.
- One example included the use of Virtual Reality (VR). This was a useful tool which provided positive experiences for many. From reducing loneliness to transporting them to their favourite places, without the need to travel. It was evident the investment to provide this equipment in the home had enhanced people's lives. One lady had previously lived in Brighton and the VR transported her to Brighton beach. The provider told us, "I watched the resident talking about Brighton beach and how she could remember when she lived there, visiting the beach huts. She noticed the big wheel and how this was not built until after she moved away. She was fascinated by the experience and both the resident and the manager were very emotional when they spoke about the VR tour when it had ended".

- Throughout the inspection we saw that little things and attention to detail made a difference to people's happiness. Traditional methods of pet therapy had always been well received where staff and visitors brought in their dogs and small pets. The registered manager had also considered alternative methods and the benefits of robotic pet companions. Several pet companions had been purchased and could be found around the home and with individuals for personal use. They had proven to be very popular. The companions had eased anxiety, reduced feelings of loneliness, and improved overall quality of life. The registered manager told us about one person who took her robotic pet with her everywhere she went, "We have seen a big change in her wellbeing, she is happy and has settled here very well".
- The provider ensured that human rights and diversity were respected and promoted throughout the whole organisation. People were cared for by staff who had a positive understanding and approach to social and cultural diversity, values and beliefs and how they may influence people's needs and preferences.
- Staff felt empowered and confident to express their personal circumstances and lifestyles including their sexual identity and orientation, race, religion and language. The registered manager had developed and delivered a LGBTQ (lesbian, gay, bisexual, transgender, and questioning) and supervision programme for all staff. In addition, they were encouraged to educate their colleagues on their choices and how they required support from them. This had in turn increased respect amongst colleagues and a greater understanding of why and how they should support each other.
- One staff member spoke with us about their own personal journey and how they felt 'totally respected' by the registered manager, all their colleagues, people living in the home and their families. This demonstrated an ethos of equality and respect amongst the whole home. This had enabled staff to adopt an approach to care that promoted individuality and embraced the differences in people they cared for and their families.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- The service continued to have a strong, visible, person centred culture and was exceptional at helping people to express their views and live their lives as individuals. Staff had a good awareness about people and they were knowledgeable about people's lives before they lived at Manor Cottage. Every effort was made to enhance this knowledge so that people's life experiences remained meaningful. The provider told us, "The manager listens to people and makes suggestions about how to make their decisions a reality".
- A small group of women had requested to go ice-skating. Nobody had anticipated the success, joy and notoriety of the event when it happened. The local media published articles and it was broadcast on local news. The provider told us, "When the ladies returned home and were able to watch themselves on the television and talk to their friends about it, there was a sense of achievement and pride in themselves for continuing to push the boundaries of old age". A person involved in the news broadcast wrote, "Today I went ice-skating and saw these awesome folks. They wanted to fulfil a wish and it brought tears of joy to me when I saw how happy it made them".
- There was a holistic approach to promoting independence that captured both the physical and social aspects of life, these were encouraged and celebrated. There was a strong sense of empowering people to remain socially independent. Everyone at the home was inspired by one lady who wrote and produced her very own monthly video blog. These were recorded and posted on the home's social media website for everyone to enjoy. The registered manager told us, "The strength and love she gives people and others each day is inspirational. She wanted people to know that Parkinson's will not rule her life or stop her from having fun". People told us, "She is loving life and is very engaged with all aspects of Manor Cottage" and "I look forward to her monthly video she is an amazing woman".
- Promoting dignity and respect was at the heart of everything when delivering any care and when supporting people, family members and each other. The registered manager had considered innovative ways to help families and staff understand the journey for those whose dementia progressed. Part of that was learning how to communicate in a dignified way so that people continued to feel respected. The

provider told us, "Manor Cottage has excelled this year at working with families as well as residents to ensure that the impact we have is holistic and inclusive for each resident's circle of support". A recent training session entitled, learning to engage with those living with dementia had been well attended by families and staff. Families had been grateful to attend the training and provided feedback about how useful and interesting it had been and the impact the staff team have on their relative and subsequently on them.

- Staff we spoke with shared how virtual dementia training and being part of the virtual experience had enhanced their respect for people. In addition, it had reinforced how essential this training had been to help staff understand how it could feel to live with a diagnosis of dementia. One staff member told us, "The training changed my whole perception particularly to be more patient, slow the pace to suit the resident to ensure we are respecting the importance to sustain independence where possible. This included assisting at meal times, support with mobilising and even the little things like fastening fiddly buttons".

- During our visit we saw staff demonstrating acts of patience and kindness and they spoke about people respectfully when we met with them individually. One visitor to the home told us, "During one of my visits there was a resident that wasn't feeling very well and the staff handled the situation impeccably with all the dignity and respect that any person would expect". We read a message written to the home by a relative who stated, "I'd like to say a massive thank you, you have shown so much care, compassion, dignity and love. A truly wonderful place with wonderful caring people".

# 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 has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans and where possible they took part in developing these so that staff respected individual wishes. Family also contributed when required.
- Staff were knowledgeable about people they cared for and supported them in accordance with their individual preferences. Staff told us, "I am proud of the care and support we provide to people and they choose exactly what that means and looks like", "This is their home and we always respect that" and "Everyone is an individual and very special".
- Any change to people's needs was responded to quickly and appropriately. People had a continuous daily evaluation which helped identify any deterioration or change in people's health.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service protected people from social isolation and recognised the importance of social contact. In particular people enjoyed their coffee mornings and the monthly 'residents' circle meetings. One relative told us, "Before mum moved to the home, she was just existing and was lonely and scared. She now has a new lease of life".
- People were offered and provided with a range of activities, they handpicked what they liked to do or take part in. They took ownership about preferred interests and hobbies and were encouraged to express, discuss and share new ideas.
- Trips were planned and enjoyed by people. Outside entertainers visited regularly, we saw some photographs where people joined in and enjoyed these events.
- Every effort was made to enhance and maintain family support and existing relationships so that their life experiences were meaningful and relationships remained important.
- Visitors were welcome any time and people saw family and friends in the privacy of their own rooms in addition to lounge/dining rooms in the home. Family and friends were invited to special events throughout the year.

End of life care and support

- People were cared for when they required end of life care, with the support from GP's, district nurses and palliative care nurses.
- Staff felt privileged to care for people when they were dying and took pride in making sure they respected choices and maintained people's dignity. Care plans reflected people's wishes when planning ahead.
- Staff had received some lovely written feedback from relatives when they had lost a loved one and sent thank you cards.

### 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 was shared with people in formats which met their communication needs in line with the Accessible Information Standard.
- Care plans identified how people preferred to communicate and where extra support was required. The speech and language team worked alongside staff to help formulate care plans around effective communication.
- People with a hearing impairment found the homes IT tablet was useful as a visual aid and those people who had some anxiety and/or dementia also benefited from this.
- Staff understood non-verbal body language to help interpret how people might be feeling. A pain scale tool which was used as part of an overall pain management plan. The Pain Scale is an instrument designed to assist in the assessment of pain in people who are unable to clearly articulate their needs.

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

- The daily presence of the registered manager meant people were seen every day and asked how they were. This approach had helped form relationships with people and their relatives where they felt confident to express their views.
- Formal complaints were thoroughly investigated by the registered manager in an open transparent way. Where required lessons were learnt and improvements made.
- Things that may have worried people or made them unhappy were documented in the daily records and gave accounts of any concerns, how they were dealt with and communicated to staff. This information was also shared with staff in shift handovers.

# 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 now improved to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was very well led and was part of a small organisation consisting of three homes. The ethos, vision and values were provider led and, as such, applied across all four services. This included, current best practice, innovation, plans for the future and striving to be the best. It was evident that the provider and registered managers worked in collaboration.
- The registered manager had been in post for two years. She was respected, trusted and empowered to make decisions and implement change to improve the service. The registered manager, area manager and provider recognised their roles and responsibilities and worked cohesively; the provider was receptive to new ideas and sought their manager's views.
- The registered manager was supported by an area manager and during the past two years it was evident that the services provided had continued to improve through her ideas and passion for the home. The area manager told us, "She inspires her team to become bigger and better through a strong and focussed program. Some of this is achieved in formal supervision and a lot is by sharing her vision for the home, its values is at the centre of everything that she does. It is touching to see just how much this role means to her; not just paperwork in the office, but by being out on the floor everyday interacting with everyone and making their day just that little bit better".
- The provider told us, "The manager constantly goes above and beyond to find things to help our residents to live their best life and we are delighted as a provider to help her to do that. I love Manor Cottage because out of all our homes, it has the most family feel. She has enhanced this hugely with her ability to make the residents the lead in every decision and every improvement. She talks to the residents and she has taught her team by example as well as through training, to genuinely listen to each of them".
- People, relatives and staff were equally complimentary about the registered manager. Her presence had provided and benefited consistency and continuity to everyone who used the service. One relative told us, "The care she gave to my parents in their time of need was outstanding. The care she gave them was nothing short of remarkable and I will forever be truly grateful. This leads me to say that I am 100% sure that being the manager of Manor Cottage and leading by example means the care the residents receive will be again nothing short of remarkable".

Continuous learning and improving care

- The registered manager and staff team had maintained a clear focus on continually seeking to learn in order to improve the service people received. The area manager told us, "The strength of the team is not only measured by their success, but on their failings. When things have gone wrong, or not as they would

have wished, the openness and willingness to reflect, brainstorm and improve has been fantastic".

- Last year the registered manager completed a course to consider and improve how mental health was managed to improve people's wellbeing. The service recognised how older people experienced periods of low mood and anxiety, in addition to those who had a diagnosis of depression. Equally the registered manager wanted to ensure as a team they had an increased awareness so that staff also felt personally supported with their own psychological wellbeing. Initially this was cascaded to staff through training and supervision. All staff had completed mental health and well-being questionnaires and now had a Wellness Action Plan. This had enabled the registered manager and her staff to reflect on stress, address triggers and address how these could be reduced. The area manager told us, "This has bolstered the mood in our strong team and has a knock-on positive impact on our residents who rely so heavily on staff for their social interaction and wellbeing". Staff told us, "I feel massively supported by the registered manager and my confidence has increased", "My wellbeing has improved and I feel supported by my colleagues" and "Emotional wellbeing is so important and is a key part of our role".
- This new initiative had further embraced an enhanced a holistic approach to care. People's care plans had a lot of detail about their needs and how they wanted to be supported emotionally. This even included simple things such as the need for physical contact such as hand holding or receiving a hug in times of need.
- The registered manager recognised positive traits in all staff and how these should be used to have the best positive impact for everyone. This approach had helped identify staff who wanted to extend their roles and responsibilities to further enhance the service they provided. Staff members had taken individual lead roles and become champions. These roles had helped ensure the service was up to date with current best practice and legislation. The leads attended events, training and networked with other agencies to increase their knowledge and understanding. This helped them to develop improved systems in the home and further enhance person centred care. They were proud of their achievements and wanted to be excellent role models. They also delivered learning sets for staff about these subjects and improved auditing to ensure better quality and safety.
- The service now had a staff member who was enjoying their new role as the wellbeing lead. They had overseen the training for senior staff who progressed with clinical skills training. These skills included, taking temperature, pulse, respiration and blood pressure and understanding what the readings meant. They were also able to measure oxygen levels and blood sugar monitoring. This was a key element of people's safety and improving outcomes.
- In addition we met with the new lead for end of life care. They had attended training through a local hospice. They told us about how they had been enhancing a person-centred approach and ensuring people and their families felt comfortable and confident to plan ahead so that choices and preferences were respected. Her initiatives had helped support people and their families through end of life care, prepared them about what to expect and provided practical guidance. A gift to remember and celebrate a persons life was also given to families when someone had passed away.

#### Working in partnership with others

- Each of the providers homes were recognised for their individuality. They had a healthy, respectful, working relationship for each to strive to provide the best possible care independently, based on their own merits, in addition to those at organisation level. The area manager told us, "The LGBTQ (lesbian, gay, bisexual, transgender, and questioning) initiative evolved by the registered manager at Manor Cottage has also been well received by the wider provider staff team. We are using both this and her Wellness Action Plan in our other care homes due to their success".
- A registered manager from one of the providers other homes contacted us to share their experience working alongside the registered manager whilst on her induction. They wrote, "She was hospitable from the start and invited me to Manor Cottage to meet her staff and residents and wow! What a lovely home, she has led a fantastic team who all speak so highly of her and her residents adore her, they do great activities,

her staff team is strong and she has shared some of her ideas with me which has been great!".

- The registered manager had visited a local care home who had consistently maintained an outstanding rating over the last six years. They had found this a positive opportunity and had supported her to consider best practice and how this could be adapted at Manor Cottage.
- The service ensured they had effective working relationships with outside agencies such as the local authorities, district nursing teams, GP practices, the safeguarding and DoLS teams and the CQC.
- The registered manager attended local provider and care home forums and linked up with other local home managers.

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

- The service promoted and encouraged open communication amongst everyone who used the service. There were good relationships between people, relatives and staff, and this supported effective communication on a day to day basis. One relative told us, "I would highly recommend this home. I feel that staff are remarkable and nothing short of angels".
- Communication systems were in place to help promote effective discussions between staff so that they were aware of any changes for people in their care. This included handovers and written daily records.
- Other methods of communication included planned meetings. The minutes of the meetings gave details about what was discussed and provided information of any action that was required. The minutes reflected meetings that were empowering, effective and meaningful.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and registered manager understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service.
- The registered manager was open, honest and transparent when lessons could be learned and improvements in service provision could be improved.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had considered the Key Lines of Enquiry (KLOE) which CQC inspect against and how they will plan to improve and further enhance current good practice they were achieving.
- The management team knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service.
- Systems were in place to monitor and evaluate services provided in the home. Concerns, incidents, accidents and notifications were reviewed. This was to analyse and identify trends and risks to prevent re-occurrences and improve quality.
- Audits were carried out for health and safety, infection control, the environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements/changes that were required. The provider also conducted quality assurance visits to monitor the service.