

Care UK Community Partnerships Ltd

Perry Manor

Inspection report

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Date of inspection visit:
26 July 2018
01 August 2018

Date of publication:
10 October 2018

Ratings

Overall rating for this service

Outstanding 

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?

Outstanding 

Summary of findings

Overall summary

Perry Manor provides accommodation, nursing and personal care for up to 82 older people. There were 80 people living at the home on the day of our inspection. This inspection took place on 26 July 2018 and was unannounced and on 1 August 2018 we returned to the home announced.

Perry Manor 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.

Perry Manor accommodates people across three floors, each of which has individual adapted facilities. The needs of people vary from residential, nursing or people living with dementia.

At our last inspection on 3 February 2016 we rated the service 'Good'. At this inspection we found significant developments which had led to improvements. People continued to receive a very good level of care and further developments had been made under 'responsive' and 'well-led'. We have rated the service 'Outstanding' in 'responsive' and 'well-led' and therefore overall.

There was a registered manager in post at the time of our inspection. 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.

The registered manager was an excellent role model and together with their staff team they had a passion to learn about and aim for best practice with people very much at the heart of their care. People who lived at the home and all staff were actively encouraged to contribute to the evaluation of the care provided and recommendations of where they could aim higher to drive through improvements. Regular quality audits and checks were completed so that improvements were continually recognised and there was effective follow up action which made sure people received a high-quality service.

The philosophy of the service was created and shared by people who lived at the home, all staff and the management team. These were based around people being supported to live the lives they chose. Staff had developed a 'can do' attitude which had brought alive creative initiatives which enhanced people's quality of life and provided therapeutic benefit when responding to people's diverse needs.

People were supported to retain an active presence in the local community and to maintain their personal interests and hobbies. There was a rich programme of things for people to do for fun and interest for people to choose to take part in. Peoples own talents were celebrated and people were supported to have lead roles in sharing their talents and interests with other people.

The management and staff team had a passion to undertake outreach work in the local community to

promote greater awareness and understanding of the needs of people living with dementia. A dementia café supported people to come and share their experiences in a caring environment where staff were solution focused. Staff also shared their knowledge in different subject areas with people and their families as a way of empowering people to

People were protected from the risks of abuse because staff were trained in recognising and reporting any concerns of potential abuse. The provider had effective recruitment arrangements to ensure staff were suitable for their role before they commenced working at the home. The registered manager made sure there were enough suitably skilled, qualified and experienced staff to support people safely.

Risks to people's individual health and wellbeing were assessed and their care was planned to reduce the risks. Medicines were stored, administered and disposed of safely. Staff followed the providers policies in reducing the risk of cross infections and regularly checks were undertaken to make sure people lived in a clean environment.

People's needs were assessed so these could be met effectively. Staff were trained in subjects aligned to the individual needs of people they provided care and support to. People were supported to eat and drink enough to maintain a balanced diet which met their needs and preferences.

People were supported to maintain their health and prompt action was taken to refer people to healthcare professionals when they became unwell or their health needs changed. People continued to have maximum choice and control of their lives and staff supported them in the least restrictive way possible

People's needs were supported by staff who were compassionate and caring. Staff understood people's diverse needs and interests and supported them to maintain their independence. Staff respected people's right to privacy and supported people to maintain their dignity.

Further information is in the detailed findings below.

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 were supported by staff who could recognise any signs of potential abuse and knew how to report any concerns.

Staff had time to meet people's needs and to spend time with them individually, without rushing.

People were supported to take their medicines as they needed these and risks to people from the spread of infections was reduced by staff.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the specialist knowledge and skills required to meet people's individual needs.

Staff supported people to receive enough food and drink to meet their needs.

People were provided with the healthcare they required and staff acted promptly when people were unwell to promote their health and wellbeing.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff who were kind and who provided individualised care in a compassionate way.

Staff supported people in a respectful and dignified manner.

People's independence was promoted with their rights to privacy were valued and respected.

Is the service responsive?

Outstanding ☆

The service was very responsive.

People received care and support which was tailored to their individual needs and creative ways of responding to people's diverse needs were found.

Staff supported people to lead their lives as they chose and people's talents were embraced to enhance people's sense of purpose and quality of life.

People's views were actively sought and there was a system in place for resolving complaints.

Is the service well-led?

The service was very well led.

People were supported to play an active role in the running and development of their home.

The registered manager was an excellent role model who used creative ways to empower people to direct and choose how the care provided supported them to live their chosen lifestyles.

Staff were proud of their achievements and worked in partnership with the local community and other organisations for the benefit of people who lived at the home.

The provider had systems in place to assess and monitor service quality which were utilised by the management and staff team to drive through continuous improvements.

Outstanding 

Perry Manor

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 August 2018 and was unannounced. The team consisted of an inspector, a specialist advisor who is a nurse with knowledge and experience of dementia 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. The inspector returned to conclude the inspection on 1 August 2018 and this was announced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

We checked the information we held about the service and the provider including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We sought information about the quality of service from the local authority and the Clinical Commissioning Group (CCG) who purchase care and support from the provider on behalf of some people who lived at the home. We also asked Healthwatch for their views. Healthwatch is an independent consumer champion who promotes the views and experiences of people who use health and social care.

We spoke with 19 people and five relatives about what it was like to live at the home. We spent time with people and saw the care and support being provided in communal areas which included how people were assisted at lunchtime.

We talked with the registered manager, deputy manager, two-unit managers and head of housekeeping. Additionally, we spoke with a variety of staff including six care staff, two nurses, one team leader, chef, lifestyle lead, maintenance, business administrator and met a regional director for the provider. A visiting

healthcare professional talked about their involvement in supporting people with their health needs.

We looked at 10 people's medicine records, sampled five people's care and daily monitoring records to see how their care and treatment was planned and delivered. We checked whether staff were recruited safely, and trained to provide care and support appropriate to each person's needs. We looked at the results of the provider and registered manager's quality monitoring systems to see what actions were taken and planned to continually improve the quality of care and people's experiences.

Is the service safe?

Our findings

At our inspection in February 2016 we found people continued to be supported by staff who understood how to maintain people's safety from abuse, harm and risks as at the previous inspection. The rating continues to be good.

People we spoke with shared their experiences of feeling safe and secure. One person told us, "I feel very safe as they [staff] all make sure I have everything I need. Another person said, "They [staff] help me in ways so I don't struggle and fall." Relatives told us they were confident their family member was safe. From people's facial expressions and body language we saw how they were at ease when talking with staff and actively sought staff when they required assistance.

Staff had received training in abuse and understood the possible signs which might indicate people might be at risk of harm, such as poor care, physical or emotional abuse. Staff knew who to report potential abuse to and any concerns about how staff supported people to the most senior staff member on duty and the registered manager. Staff were confident any concerns would be investigated as part of the actions taken to maintain people's safety. In addition, the provider's recruitment process included completing pre-employment checks to make sure staff were suitable to work with people in a care environment.

People told us how risks to their safety and welfare had been considered and managed in line with their individual needs and abilities. One person told us how with the care from staff had been successful in reducing the risks of them developing pressure sores. They told us, "I have a mattress which moves so relieves pressure on different areas [of my body]. I feel very safe and comfortable with help from the staff." Staff could describe how they supported people to manage risks to their safety and told us people's risk assessments were updated when their needs and abilities changed. People were supported to manage risks safely and where people would benefit from equipment to reduce risks to people's individual health and welfare this was sought.

The management and staff team supported people to take positive risks which enabled people to continue with their lives as they wished with safety measures discussed and implemented. For example, one person continued to go for local walks which they enjoyed and another person was supported to independently take some of their medicines.

Almost everyone we spoke with told us there were enough staff on duty to meet people's needs safely. One person told us, "When I need staff for anything I don't have to wait too long at all, day or night." Another person said staff always responded quickly when they needed help. Relatives told us they were positive about the way their family member's needs were met of the way staffing was organised. One relative said, "All staff complement each other with nurses to guide carers, [care staff]. It all seems to work very well."

Staff we spoke with told us there was enough staff to meet people's safety needs. Staffing numbers were led by the needs and wishes of people who lived at the home. We saw when people required support this was provided without any unreasonable delays. The registered manager had methods in place so they could

have an overview of each person's needs to determine how many staff should be on duty. The registered manager told us they considered how staff were deployed. This included, ensuring people with dementia had staff who they were familiar with to help people feel safe and reduce their anxieties.

People were supported in an individual way to take their medicines to remain safe and well. We saw a nurse told one person what their medicine was for and how it would help their pain. The person was reassured by this and took their medicine. Another person declined their medicine and the nurse respected this and when they returned later the person readily took their medicine. Some people required medicines on an 'as required' basis to support their mental health and emotional needs. We saw there was good information to provide staff with strategies to try before giving these medicines. Staff recorded when and where they applied prescribed pain relief patches to comply with the manufacturer's instructions.

The provider had policies in place which staff followed in relation to the administration, storing and disposal of medicines which staff understood. Staff were not allowed to administer people's medicines until they had received training and their competency had been checked. We saw staff kept clear records of the medicines people had received and regular checks were made to ensure people had the medicines they required.

People who lived at the home and relatives told us the home environment was always clean and smelt fresh. The management and staff team worked together to ensure the risks to people of infections was reduced. Staff understood how to minimise the spread of infection and had received training in infection control. There were supplies of gloves and aprons for the staff to use. We saw there was guidance for staff on correct hand washing procedures. In addition, staff who had cleaning responsibilities were seen taking pride in their work and had their own set programmes to make sure the home environment and equipment in use was clean.

We saw the registered manager and provider had systems in place to manage and promote people's safety. The registered manager and provider checked on any incidents to see if any trends were developing. One staff member we spoke with gave us an example of how learning had been taken from one incident, and communicated to staff, so risks would be further reduced. In addition, we found one medicine recording error and although this had not impacted on the person we heard positively how actions would be taken to reduce this from happening again.

Is the service effective?

Our findings

As at the previous inspection in February 2016, we found staff were skilled to meet people's needs effectively and were supported with their dietary and health needs as at the previous inspection. The rating continues to be good.

One person and their family members described how their needs were discussed prior to them moving which the person told us made them feel confident of receiving the care they required. We saw people's needs had been effectively considered and developed into care plans to achieve positive outcomes for people and avoid any form of discrimination in the care and support provided. People were supported with various pieces of equipment that included specialist wheelchairs to ensure people's needs were met effectively and safely which also supported their independence.

People told us staff knew how to support them. One person we spoke with highlighted how well they were supported by staff with their personal care needs. Another person told us, "They [staff] listen well, and know what to do." Staff told us they had the training they needed to be effective in their practice. Staff gave examples of supporting people with their physical needs by using hoists, assisting people with their emotional needs by skilful communication and, ensuring people were supported to maintain a balanced diet. The registered manager had an oversight of planned staff training so they could be sure people would be cared for by staff with the skills to provide good care.

New staff members completed an induction when they first started to work in the home which included the care certificate. The care certificate covers the fundamental standards of care expected of all health and social care staff. The registered manager stated in the PIR, 'All new recruits are given a buddy to help role model expected behaviours and develop a greater understanding of the homes care ethos.' We consistently heard from staff how this supportive approach during their induction had been successful to help them feel comfortable and confident in their roles. One staff described their inductions has being, "Fantastic. Full on, even though I had experience. Very thorough."

Staff told us they were encouraged and supported to develop themselves by becoming leads in different subject areas, such as dementia, dignity and nutrition. One staff member was proud of their additional role and what they had achieved to support people living with dementia and to support their colleagues to increase their knowledge. Another staff member showed how they had developed community links with other professionals within their role to ensure people's needs were met when applying the principles of working in people's best interests. These additional roles gave staff a focus area and any additional knowledge they gained from sources, such as training were shared with their colleagues for the benefit of people living at the home.

Staff had regular opportunities both formal and informal to gain support and advice from the management team, nurses and senior staff which assisted them to undertake their roles. Staff told us they had meetings on an individual [supervision] basis to discuss their performance and training requirements. One staff member said they had been supported to undertake a recognised qualification in dementia which was

assisting them in further expanding their knowledge.

People told us they enjoyed the food and drinks available. One person told us they really liked a meal and told us they had this regularly. The person told us, "There's always plenty to drink." The chef gave us examples of how people's meals were prepared taking their preferences and allergies into account, so they would remain well. One staff member explained that some people needed assistance with eating, or specific cutlery to help them to remain independent when eating. Another staff member explained how some people needed encouragement so their nutritional needs would be met, safely. We saw people were offered plated choices and people were encouraged to have enough to eat and drink to remain well. Staff were already aware the dining facilities in one area required increasing as we saw space was limited. Staff told us there were plans to add a further dining table.

Staff monitored people's appetites and weight and obtained advice from people's doctors and dieticians if they were at risk of poor nutrition. People's care plans included details about their medical history and their current medical risks and needs, to enable staff to identify any signs of ill health. Records seen and staff told us people were supported to see their doctors to check whether changes in people's mood or appetite were signs of changes in their health. People told us they were supported to attend appointments with healthcare professionals when needed. A visiting healthcare professional who visited people regularly told us the registered manager and staff were effective in following their advice to support people's healthcare and treatment.

The home environment was purpose built and decorated and furnished to meet people's individual needs safely and effectively. One person told us, "I like that there is plenty of space" and another person said, "I love my room, it feels like home." People had access to the garden spaces and areas where they could share time with other people, participate in events, meet with visitors or be spend time alone. We saw some consideration and thoughtfulness had been made in the overall design of the home environment. For example, memory boxes were situated by people's personal room doors which held significant items of a person's life and achievement's. The management team and staff were continually looking at ways to improve the home environment to ensure it met people's individual needs and preferences. Procedures were in place to ensure people who lived at the home and their relatives were involved in any decisions about proposed changes to the home's environment.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager understood their responsibilities under the Act, and when necessary for people's safety, applications had been made to the local authority to deprive people of their liberty. Records showed the people's representatives were involved when decisions needed to be made in their best interests. The unit manager took the lead role in MCA and DoLS and during conversations they reflected their extensive knowledge in these subjects and how they supported staff in developing effective practices.

People told us they made their own decisions about their day-to-day care and support, and staff respected their right to decide. We saw staff offered people choices and sought their consent before they supported them.

Staff had training in and understood the principles of the MCA and when it was appropriate to restrict a person's liberty. Staff could explain examples of how certain decisions had been made in a person's best interests. One example provided was how one person had the specific equipment required so they remained as safe as possible from the risk of falling in the least restrictive way.

Is the service caring?

Our findings

As at our previous inspection in February 2016 people who lived at the home and their relatives were positive about how staff treated them with kindness and thoughtfulness and respecting people's involvement in their care preferences. The rating continues to be good.

People highly praised the management and staff team who without exception were caring and compassionate. One person said, "The staff are lovely, nothing is too much trouble." Another person told us they were, "All the carers [staff] are marvellous. They are not doing it for the sake of doing it. They've got the right personality." Relatives were equally positive in their remarks about both the management and staff team. One relative commented, "One relative commented, "[The staff are] marvellous, really friendly and take time to talk to you. I have been really down and tearful on many occasions and they are there for you when you really need them to be. Not just for the care stuff, but the human stuff too."

Staff told us they were supported to find out what was important to people who lived at the home and to build caring relationships with them. One staff member said they often chatted with people about their lives and interests. The staff member told us, "People have led such different lives and it is so interesting listening to their stories." Another staff member described how people's life story books and talking with relatives were also great sources of information to help them to assist people who may not be able to tell them about themselves directly.

We found all staff no matter what their roles knew people well which included, housekeeping, administrative and kitchen staff. There was a strong ethos which was shared by the staff team and we heard how staff had taken actions which reflected the bond staff had developed with people they supported. For example, one staff member spoke about how they accompanied one person to an event on a weekend day to enable the person to fulfil their wishes.

The registered manager was proud of their staff team who created special moments for people and commented about this in the PIR, "Several staff who will bring in their dogs on their days off to visit the residents [people who live at the home] including those who are bed bound, as they understand the pleasure and therapeutic benefit pets can bring to people's wellbeing and happiness." In addition, a 'wishing tree' held notes of people's desires and we heard from people how staff had turned these into reality for people. One person told us how staff reflected their caring and thoughtful attitudes by assisting them to celebrate their working life by bringing in a specific animal which made their day. For another person they went on a trip to a place of interest which was their wish to do so and staff made this happen which they were delighted about.

Staff showed they had the knowledge and skills they needed to effectively communicate with people to make sure people felt understood. The warmth of touch was used by staff where they recognised it was appropriate for each person. For example, one person had a hug with a staff member and smiled in acknowledgement. This showed how the person's wellbeing was enhanced by this gesture. Staff also supported people with reassurance to help some people feel well. Another person they told us, "They [staff]

seem to know all about my background" and [the] "Manager is very tactile and will give me a hug when she sees me." The person said they welcomed this.

People told us they felt involved in their own care. One person told us, "They [staff] talk with me about what I need help with and really listen to my feelings." Another person said, "They [staff] are always checking with me first, which I like." One relative told us, "We are very much involved. Staff speak with [family member] all the time and explain things so [family member] is able to make their own choices known." Staff told us and we saw they gave people choices and involved them in making decisions about their care.

People who lived at the home and their relatives told us visitors were made welcome and we saw they were. One person told us, "Families can visit whenever they want" and if they wished could have a meal. Talking about this the person commented staff supported them to keep in contact with their family by using a hand-held computer. The person described how they regularly spoke with their family member and how they enjoyed sharing what had happened in their days. Staff recognised the importance of friendship and people maintaining relationships with their families. A social media page was specifically set up as another way to share with family members and friends the events which were happening and of had taken place.

People were complimentary about how staff supported their different levels of independence. One person commented, "They [staff] do some things for me, but I wash myself. They help with some things I can't do which is great." We saw many examples where people were assisted to be as independent as possible, such as during mealtimes people were supported to eat their meals with any adaptations in place to meet people's needs.

Staff we spoke with told us how they kept people at the heart of the services they provided. One example was the staff 'champion' roles which had been created which encouraged the sharing of best practice in all aspects of care. People were positive about staff's attitudes when speaking with them and providing care and comfort. We saw staff cared for people in ways which supported people's individual needs and helped to maintain their dignity. For example, we saw staff knew to knock on the doors to private areas before entering and were discreet when supporting people with their personal care needs. We also saw how staff chatted with people in a friendly and respectful way with people's preferred names used.

The registered manager was aware of the need to maintain confidentiality in relation to people's personal information. We saw personal files were stored securely and computer documents were password protected when necessary. The registered manager and staff conducted the daily sharing of information where people's care and treatment needs were discussed in private to make sure people's right to confidentiality was maintained. Staff had access to local advocacy services and would use this to support people if they required independent assistance to express their wishes. Lay advocates are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

At our previous inspection in February 2016 people's needs were identified and met by responsive staff and the rating was 'good.' Since this inspection we have seen how creative ways have been developed to respond to people's individual needs which has enhanced people's feelings of belonging, inclusion and empowerment. The rating has now changed to 'outstanding.'

The management and staff team had established an 'can do' attitude. This was infectious and had strengthened the staff team's responsiveness to people's needs by firmly placing people at the heart of all their care. We heard and people told us how their wellbeing had been enhanced by staff's practices. One person told us, "I could not wish for better help. It's always with a smile. I am totally happy here. It has exceeded my expectations." Another person said, "They [staff] are great at helping me to do the things I enjoy, I'm very happy here."

Relatives were equally positive how their family members care and support needs were responded to. One relative summed their feelings up by stating, "Staff absolutely treat residents [people who lived at the home] with dignity and respect, and most importantly despite their dementia, care for them as individual people with very different needs and wants." The relative shared with us how staff had bought their family member a musical instrument so they could use their talents in playing this and placed colourful musical notes on their door so they knew how to find their room. The relative added, "All small things in themselves, but hugely important for mum to create a sense of calm and belonging."

Staff used the detailed information in each person's care plan to ensure they received individualised care and support that met their particular needs, and which made them feel valued. One way in which staff did this was by offering people support in ways which were special to them. For example, one person who had had a career as a nurse was enabled to administer their own medicines. The person was proud of their career as a nurse and felt staff had supported them to be in control of their own pain relief which was very important to them. One relative also described how important personalised care was to their family member. They told us, "Mum was also a very tactile lady, and the staff were always giving her cuddles which brought such a smile to her face... again, something that doesn't work for everyone, but the amazing thing about Perry Manor is that the team really know their residents and tailor their care accordingly."

Another area where the management and staff team showed exceptional skills was the inclusive approaches they had developed to support people with dementia. One person who lived with dementia was orientated to their previous working life. When speaking with them, staff did not correct the person and instead positioned themselves to the person's reality. For example, staff would take up roles which the person could relate to from their working career and the person often joined staff in the office. One staff member said, "[Person] will come and join us in the office so we then have discussions about 'incidents' which [person] then likes to file their report about, so we help with this so that [person] still feels valued." This showed a skill and desire from staff to include people living with dementia, to ensure they had a say in their care and were part of the home. The person's relative told us how through the staff's skilful approaches their family member had become less anxious with their wellbeing enhanced. Another person was

supported to go home and spend time with their family at Christmas. This was made possible due to staff utilising songs which the person found soothing and in turn meant their behavioural needs were effectively responded to. Staff consistently told us how they had found creative ways to encourage people to use music as a form of therapy. We heard many examples of how this initiative had yielded excellent results in enhancing people's lives.

There was a strong ethos of curiosity within the staff team which directed how they supported each person to continue to pursue the passions and interests they held dear. We heard numerous examples of the positive impact these approaches had on people's sense of worth and value. One person had written a book and they were supported to make a regular event of reading from their book which other people enjoyed listening to. The person had also been empowered to lead projects, such as writing to French pen pal children and creating poetry to enter into competitions. Another person spoke with pride about how they advertised the films showing in the cinema and sold tickets. Staff told us this had become a popular social activity which was all due to the passion of the person who ran this event.

Staff also responded to people's aspirations whether they were big or small and worked alongside people so they could follow their passions regardless of their health or physical needs. One person enjoyed a music band and with the support from staff the person could watch a concert. This was achieved by the staff's desire to create an atmosphere where the person could have the music at a volume as if they were at a concert but without impacting on other people. This was achieved with the staff's resourcefulness in utilising the cinema space.

We saw there were a variety of social and leisure activities, including music, painting, board games, gentle exercises, gardening and relaxation which were led by dedicated staff members. However, we saw all staff contributed to supporting people with fun and interesting things which took place both on a spontaneous and planned basis. For example, one person had been a shepherdess and they told us with delight how a lamb had been brought into the home. Another person had been a pianist and worked with the Entertainments National Service Association [ENSA] which was set up to provide entertainment to armed forces during world war II. They described how the registered manager encouraged them to take part in the service for Armistice Remembrance by playing the piano. They described the service as being "Marvellous."

The management and staff team had worked together to continue to build strong links in the local community and was seeking to gain further links for the benefit of the people who lived at the home. This included local links with schools, charities and interest groups. One person remarked about the children who came into the home by stating, "It is such a delight to be with the children, utter happiness." The local community were also invited into the home to attend regular meetings which focused on the subject of dementia. Staff told us these were held so people could share their experiences and gain support.

In addition, people's social and cultural diversity was celebrated with staff. For example, one staff member described how they were actively making links with Age UK to support staff in promoting the needs better of older lesbian, gay, bisexual and transgender (LGBT) people. The staff members vision was to, "Make Perry Manor LGBT friendly."

People who lived at the home and their relatives were clear how to raise concerns and complaints about the service, by approaching a member of the management team or senior staff. They had confidence their concerns would be taken seriously and addressed. One person told us, "I know if I made a complaint I would be listened to by everyone of the team here. They would most certainly take action to put things right." The provider had a complaints procedure in place, to make sure all complaints were handled in a fair and consistent way.

The management and staff team were committed to support people who lived at the home at the end of their lives including relatives. For example, the registered manager had devised a booklet to support relatives and friends following people's deaths in response to their desire to assist people at this sad time in their lives. There were procedures in place to identify people's end of life care, preferences and wishes to ensure they were supported in the last months and years of their lives. One staff member told us their training had supported them enormously to care for people at the end of their lives. We heard examples of how staff sat with people even when their shift ended so they could continue to be with people in the final stages of their lives. Another staff member described how they read post cards to one person and provided a hand massage. A further staff member spoke about how these approaches could contribute to people experiencing a 'good death.' Relatives expressed how appreciative they had been of the end of life care and support their family member had received. One relative commented, "Incredible, supporting mum (as well as me and my partner) throughout the experience, but giving us all the necessary space whenever appropriate."

Is the service well-led?

Our findings

At our inspection in February 2016 people received a 'good' well led service. At this inspection we found numerous examples which reflected people were at the heart of all their care. This was because of the inspiring leadership and a staff team who were motivated to make a difference. The rating has changed to 'outstanding.'

Since our last inspection a new registered manager had come into post and was praised by people who lived at the home, relatives and staff for their strong commitment in bringing improvements to life. 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.

The registered manager had been in post for over 12 months and had many years of experience working in her nursing career. They were committed to sustaining a track record of delivering high standards of care and managing improvements. It is a testament to the registered manager and staff teams drive for excellence that we received positive feedback from people about how well led the home was. People told us they would highly recommend the home to others based upon the excellent standards of care provided. One person told us, "They [registered manager] has helped to make a difference here [Perry Manor]. I have watched how she leads the staff to be excellent in their jobs." One relative commented, "I cannot praise or thank the team enough. They are shining examples of outstanding, exemplary care. Much of this comes down to leadership and I am indebted hugely to the [registered manager] and her team."

Throughout our inspection people described to us how the management and staff team readily took action when areas of improvements were required. People asked for more money to be spent on developing the garden area and this had been done. Another person did not want hot food served on cold plates and they told us action had been taken to resolve this. Visitor parking was difficult due to the local hospital being close to the home so action was taken to ensure people could park with ease.

The registered manager and staff showed immense enthusiasm and a commitment to provide the best experience possible for the people they cared for. They told us how proud they were of their staff team in making a difference with the care they offered to people and how they worked as a team to make this happen. The culture was open and everyone's input was listened to and valued. We found the atmosphere was friendly and relaxed. Staff were highly motivated and were eager to share their work with the inspection team. We consistently heard examples of staff showing pride in their work and were continually looking at ways to improve the care and support offered to people.

For example, one staff member talked passionately about a new venture, 'Tea at 3' to capitalise further on how often staff chatted with people. One benefit of this initiative was for the management and staff team to increase their time chatting and having tea with people who remained in their rooms through choice or need. This was another way of further reducing the risk of social isolation. Another idea was to place the

flower 'Forget me not' on memory boxes by people's doors with the consent of people. One staff member said it was a reminder to "Drop in and say hello to people." One staff member told us they were never afraid to acknowledge there was further room for improvements as, "There are always new ventures to explore and share no matter how good you think your care is." Another staff member said they were, "Proud to work for [registered manager] and credited them with 'blue sky' thinking which empowered the staff team to, "Run with ideas" to continually improve people's experience of their care.

The registered manager had a strong ethos of gaining knowledge about people as individuals and supporting people to direct their own care. Staff had found this infectious and people who lived at the home had been supported to take on different roles which gave people a sense of belonging and control. This included people becoming representatives in a group known as the, 'Voices of Perry Manor.' People talked with us about their involvement in this group and how they had helped to implement new ideas and changes in their home. For example, people were consulted on the changes being undertaken in relation to turning a room into a more communal space. One person also told us how the group had been involved in staff recruitment, such as assisting to choose a new chef. The person said the group were very happy their choice of chef had been offered the position.

Another person who had the role of people's representative. The person was proud to wear a name badge and uniform and was empowered to use their knowledge and skills as a former business owner. The person showed potential new staff around the home and provided their thoughts about candidates which formed part of the selection process. The registered manager said the person's views are invaluable to the selection of good staff.

In the PIR the registered manager told us, 'We have a on the spot scheme where any member of staff can say 'thank you' or 'well done' to colleagues for a piece of work or intervention, through giving them a WOW voucher. These vouchers can then be traded for a bar of chocolate as a sign of appreciation.' One person spoke with pride and a sense of inclusion in how they were enabled to support staff to be the best they could be when providing care. The person who had a career as a teacher showed us and described how they used their 'WOW's.' They said they were given to staff to celebrate when staff had gone above and beyond when providing their care or when supporting them in their daily lives. These were one method of how staff were rewarded to feel valued, empowered and motivated to want to continually strive to provide excellent care.

Staff we spoke with were proud of their achievements and how they worked together as one team. One staff member told us they were most proud of their team and added, "They have a genuine desire to deliver their best. This is the best job I've ever had, I can spend time with people without the management getting at me." Another staff member said throughout their induction and training, "I was constantly asked how it was going [by managers]. Door was always open. You don't get that elsewhere". Another staff member told us, "The manager is great, she's approachable and understands the challenges we face each day."

Staff also felt the registered manager and leadership team were approachable and supportive. They said they worked very closely together to make sure people received the support they wanted and needed. This was echoed by the deputy manager who told us, "I am most proud of 'making it happen'. Recruiting the right people to make it all happen. I put the team together and hold reflective meetings with qualified nurses and help them with revalidation." Staff also knew about the provider's whistle blowing procedure and said they would not hesitate to use it if they had concerns about the running of the home or the company, which could not be addressed internally.

Although the layout of the home environment was large we saw staff worked well together and willingly

helped each other. For example, one staff member said to their colleague they could have their break before them. This caring nature was reflected in all staff practices and was promoted by the registered manager who made sure all staff remained hydrated as it was a warm day by providing cans of cold drinks. The registered manager also fostered an ethos where all staff were encouraged to have conversations and assist people regardless of their position.

There were strong systems in place to review the quality of care and monitor service delivery. We saw this included creative ways to empower people to voice their opinions. This included the use of staff champion roles helped to shape people's care and support as staff shared learning between themselves and people who lived at the home and relatives to expand their knowledge. The registered manager also used the 'resident of the day' arrangements as a further way of monitoring the care and support people received to see if it was meeting their expectations.

The registered manager was supported by their leadership team which included a deputy manager, heads of departments and the provider's representative's. A strong emphasis on continuous improvement was evident. We saw regular checks on all aspects of quality and safety were made by the leadership team and the provider's representatives who visited regularly. For example, a regular audit of care plans was conducted to identify any gaps in monitoring and data recording. We also saw the audit of incidents and accidents had brought about improvements for people in how their individual needs could be met better. For instance, noticing a person would benefit from certain pieces of equipment to support their safety and reduce further falls. These approaches showed the care and support provided to people was regularly monitored to ensure people received safe, effective and responsive care.

The provider and registered manager understood their responsibilities and the requirements of their registration. For example, they had submitted statutory notifications to us so that we were able to monitor the service people received. It is also a legal requirement for the provider to display their ratings so that people can see these. We found these had been displayed at the home and on the provider's website.

The registered manager and staff team actively sought opportunities to work with other organisations to introduce innovative practice and participate in research projects. For example, one staff member had been involved in trialling wound dressings with a well-known pharmaceutical company and this work was soon to be published. The staff member described how their ambition was to have no people who lived at the home with pressure sores. The staff member said they were proud of how they were effective in supporting people's skin to heal. Another example, was working with the local university supporting physiotherapy students to spend time at the home which in turn benefitted people with their physical health needs.

In addition, the registered manager embraced partnership working with other health and social care organisations to achieve better outcomes for people. This included the local hospital staff and a healthcare professional who worked closely with staff to meet people's health needs. We received feedback from the healthcare professional who was very positive about their experience of working with the registered manager and staff team. The healthcare professional told us, "Staff know residents really well; they want to do well for the residents [people who lived at the home]; they are always so positive and friendly."